

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 4 - 1892
2. Name,	Mary L Watson
(Maiden Name),*	Mary L Colcord
(Name of Husband),*	William H Watson
3. Sex, and whether single, Married, or Widowed,	Female Married
4. Color,†	
5. Age,	78 Years, 8 Months, 5 Days.
(Disease or Cause of Death,	Consumption of Lungs
6. Duration of Sickness, .	Two Years
(By whom certified, .	
7. Residence,	Fayville Southboro
8. Occupation,	Domestic
9. Place of Death, . . .	Fayville Southboro
10. Place of Birth, . . .	Hallowell Maine
11. Name of Father, . . .	Gideon Colcord
12. Name of Mother, . . .	Sarah (Marion) Colcord
13. Birthplace of Father, .	Gardner Maine
14. Birthplace of Mother, .	Pierston Maine
15. Place of Interment, .	Southboro Mass
Signature of Undertaker or other person making the Return,	Wm E Macfarland

DATED at Fayville, on Jan 4 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Mr. Watson

Date and Place of Death, -

died at

Fairville - Mass

Jan 4th 1891.

Disease or Cause of Death, -

of Phthisis of lungs

Duration of Sickness

Three years -

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. Cullen Walker

Date of Certificate,

Jan. 6th 1891.

* Or Sex of Infant (not named).

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.

1892.

Date of Death, Jan 19th 1892

Name, Cynthia M. Brigham

Maiden Name,* Bernis Sex, Female

Married, single or widow, wife of Cyrus Brigham

Color, Age, 67 years, 3 mos., 14 days.

Residence, Southboro Mass.

Place of death, Street and No. Southboro Ward,

Place of Birth, Belreue Occupation, Housewife

Name of Mother, Elizabeth Maiden Name, Merrill

Name of Father, Lewis Bernis

Birthplace of Father, Vermont

Birthplace of Mother, Massachusetts

Place of Interment,† Chipman Cemetery Marlboro

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker or other person }
making the return.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Marlborough, Jan 19th 1892

Name of Deceased, Cynthia M. Brigham

Date and Place of Death, Jan 19th 1892 Marlboro Mass.

Disease or Cause of Death, Pneumonia *duration of, One week

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, G. E. Swift M.D. 97 New St. Marlboro Mass.

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE]

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 20 - 1892
2. Name,	Erie Althy M ^e Quarnie
(Maiden Name),*	Annie J. Robertson
(Name of Husband),*	Alger M ^e Quarnie
3. Sex, and whether single, Married, or Widowed,	Female Married
4. Color,†	White
5. Age,	52 Years, 10 Months, Days.
{ Disease or Cause of Death,	Phenazone
{ Duration of Sickness, .	48 hours
{ By whom certified, .	Dr. Robertson
7. Residence,	Southboro
8. Occupation,	House Keeping
9. Place of Death,	Southboro
10. Place of Birth,	Acron Co. O. S.
11. Name of Father, . . .	James J. Robertson
12. Name of Mother, . . .	Abigail Robertson
13. Birthplace of Father, .	Portland
14. Birthplace of Mother, .	Portland
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on January 21 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan 20 1892
2. Name,	Patrick Connors
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	Widowed
4. Color,†	W
5. Age,	66 Years, 6 Months, 5 Days.
(Disease or Cause of Death, Primary and Secondary),‡	Pneumonia
6. Duration of Sickness, .	5 days
(By whom certified, .	Dr Butterfield
7. Residence,	Southboro
8. Occupation,	Mechanic
9. Place of Death,	Southboro
10. Place of Birth,	Ireland
11. Name of Father,	Matthew Connors
12. Name of Mother,	Mary Lufples
(Maiden Name),	
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	Ireland
15. Place of Interment, .	Hopkinton Mass
Signature of Undertaker or other person making the Return,	E. L. Bridges

DATED at Hopkinton, on Jan 20 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Patrick Connors

Age,

66 yrs 6 months 21d

Date and Place of Death, -

died at

Southbrook (Cordaville) Jan. 20

1892

Disease or Cause of Death, -

of

Pneumonia

Duration of Sickness

—

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

G. W. Butterfield M.D.

Date of Certificate,

Jan. 21

1892

*Or Sex of Infant (not named).

[Ed. — 10 M — Oct. 9, 1889.]

[May, 1888.]

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Jan - 21 - 1892
 2. Name, Adelia E. O'Brien
 (Maiden Name),* . (Diana Maria Ann Parker.)
 (Name of Husband),*
 3. Sex, and whether single, Single
 Married, or Widowed,
 4. Color,†
 5. Age, 33 Years, - 7 Months, - 3 Days.
 { Disease or Cause of Death, Consumption of Lung
 6. { Duration of Sickness, 3 years
 { By whom certified, .
 7. Residence, South Scituate Southern
 8. Occupation, Domestic
 9. Place of Death, Scituate Mass
 10. Place of Birth, Framingham
 11. Name of Father, James O'Brien
 12. Name of Mother, Bridget (Shea)
 13. Birthplace of Father, Ireland
 14. Birthplace of Mother,
 15. Place of Interment, Scituate Mass
 Signature of Undertaker } Mr MacFarland
 or other person making }
 the Return,

DATED at Scituate, on Jan 22 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. *24*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Jan. 24 1892</i>
2. Name,	<i>Clementina Berry</i>
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	<i>1</i> Years, <i>4</i> Months, <i>17</i> Days.
{ Disease or Cause of Death,	<i>Croup & Pneumonia</i>
{ Duration of Sickness, .	<i>Three days</i>
{ By whom certified, .	
7. Residence,	<i>Southboro.</i>
8. Occupation,	<i>Contractor</i>
9. Place of Death,	<i>Southboro.</i>
10. Place of Birth,	<i>Frammingham</i>
11. Name of Father, . . .	<i>John Berry</i>
12. Name of Mother, . . .	<i>Maggie (Besine)</i>
13. Birthplace of Father, .	<i>Italy</i>
14. Birthplace of Mother, .	<i>"</i>
15. Place of Interment, .	<i>Southboro.</i>
Signature of Undertaker or other person making the Return,	<i>John Berry</i>

DATED at *Southboro.*, on *Jan. 25* 18*92*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



THIS IS TO CERTIFY.

To the best of my knowledge and belief,

Name of deceased in full.

That

age 80 years 7 months 16 days, died on the 30 day of Jan A.D. 1892
 of Old age
 Give, briefly, disease or other cause of death.

Its duration † was

There was also

Its duration † was

Was there an Autopsy?

Was death Sudden?

Signed at Southboro

Mass.

1892

J. H. Robinson

M. D.

† Reckoned from the time of invasion of death.

Undertaker's Return of Death.

Name of deceased in full Ashbel Howe
 Maiden Name.

Date of Death.

Jan 30 1892

Condition: [1]

Single

Married

Widow

Widower

Age, 80 Years 7 Months 16 Days

Wife or Widow of

Place of Death. [2]

Southboro Mass

Sex.

*Color.

Male

Residence

Southboro
Warbboro

Place of Birth.

Name of Father

His Birth Place. [3]

Jonah Howe

Name of Mother.

Her Birth Place. [4]

Place.

Interment

Southboro

Date.

February 1 1892

This return is made by Undertaker

A. L. Thomas

Dated

Jan. 30

1892

Of

Framingham

1. Erase the words which do NOT indicate the condition.

2, 3, 4. Insert Town and State.

*W, White. B, Black.

Countersigned and Approved this

day of

18

Agent Board of Health.

(SEE BACK.)

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	7 Feb 1892
2. Name,	Miss Esther D Richards
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	89 Years, 1 Months, 8 Days.
(Disease or Cause of Death,	Gummys
6. { Duration of Sickness, .	2 weeks
{ By whom certified, .	no Phys
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	Fairville
10. Place of Birth,	Southboro
11. Name of Father,	Steven Richards
12. Name of Mother,	Nancy Richards
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Feb 8 18 92

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 6

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 19 - 1892
2. Name,	Patrick Fitzgerald
(Maiden Name),*	-
(Name of Husband),*	-
3. Sex, and whether single, Married, or Widowed,	M. W.
4. Color,†	W
5. Age,	70 Years, - Months, - Days.
{ Disease or Cause of Death,	Cancer of Bowels
{ Duration of Sickness, .	About one year
{ By whom certified, .	Dr Robinson M.D
7. Residence,	Southboro Mass
8. Occupation,	Farmer
9. Place of Death,	Southboro Mass
10. Place of Birth,	Ireland
11. Name of Father, . . .	John
12. Name of Mother, . . .	Hannah Kennedy
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	
15. Place of Interment, .	Marlboro Mass
Signature of Undertaker or other person making the Return,	{ F. A. McGill

DATED at, on 18 .

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Patrick Fitzgerald

Date and Place of Death, -

died at

Southboro, February 19th 1892,

Disease or Cause of Death, -

of

Cancer of bowels

Duration of Sickness

About

twelve months.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. Henry Robinson M.D.

Southboro, Mass.

Date of Certificate,

Feb. 19th 1892

* Or Sex of Infant (not named).

No. 10

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Feb 22 1892

2. Name, . . . Alfred Mower
(Maiden Name),*
(Name of Husband),*

3. Sex, and whether single,
Married, or Widowed, Widowed

4. Color,† . . .

5. Age, . . . 37 Years, 3 Months, 15 Days.
La Grippe & old age

6. { Disease or Cause of Death,
Duration of Sickness, 9 weeks
By whom certified, . . .

7. Residence, . . . Green Maine

8. Occupation, . . . farmer

9. Place of Death, . . . Green Maine

10. Place of Birth, . . . Green Maine

11. Name of Father, . . . William Mower

12. Name of Mother, . . . Abigail Curtis

13. Birthplace of Father, . . . Leicester Mass

14. Birthplace of Mother, . . . " " "

15. Place of Interment, . . . " " "

Signature of Undertaker
or other person making
the Return, . . . } A. B. Mower

DATED at Leicester, on Feb-23 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 26 1892
2. Name,	Lusetta D. Enshank
(Maiden Name),*	" " Roberts
(Name of Husband),*	Wm B Enshank
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	71 Years, Months, Days.
{ Disease or Cause of Death,	Gout
6. { Duration of Sickness, .	8 months
{ By whom certified, .	Dr. Seager
7. Residence,	Southboro
8. Occupation,	Domestic
9. Place of Death,	Southboro Mass
10. Place of Birth,	Standfield Maine
11. Name of Father, . . .	John Roberts
12. Name of Mother, . . .	Hannah (Clark)
13. Birthplace of Father, .	Marblehead N.H.
14. Birthplace of Mother, .	Danville N.H.
15. Place of Interment, . .	Southboro Mass
Signature of Undertaker or other person making the Return,	Wm B Macfarlane

DATED at Southboro, on Feb 26 1892,

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. *12*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . April 22 1892

2. Name, . . . Mrs John Surber
(Maiden Name),* South of Cartham
(Name of Husband),* John W. Surber

3. Sex, and whether single,
Married, or Widowed, married

4. Color,† . . . white

5. Age, . . . 32 Years, 2 Months, 1 Days.

(Disease or Cause of Death, Consumption)

6. (Duration of Sickness, . . . Two weeks
(By whom certified, . . . Dr J. B. Alden)

7. Residence, . . . Southborough Mass

8. Occupation, . . .

9. Place of Death, . . . Southborough Mass

10. Place of Birth, . . . South Mass of

11. Name of Father, . . . John B. Cartham

12. Name of Mother, . . . Margaret B. Cartham

13. Birthplace of Father, . . . Southborough Mass

14. Birthplace of Mother, . . . Southborough Mass

15. Place of Interment, . . . Southborough Mass

Signature of Undertaker
or other person making
the Return, . . .

Henry Newton

DATED at Southboro, on Apr 22 18 92.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 23 1892
2. Name, . . .	Dexter Brewer
(Maiden Name),*	Born Dec 22, 1814
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	78 Years, 2 Months, 1 Days.
(Disease or Cause of Death,	Old age
6. Duration of Sickness, .	4 weeks
(By whom certified, .	
7. Residence,	Southampton, Southham
8. Occupation,	Common Laborer
9. Place of Death,	Southampton, Southham
10. Place of Birth,	Southampton
11. Name of Father, . . .	John Brewer
12. Name of Mother, . . .	India (Foster)
13. Birthplace of Father, .	Southampton
14. Birthplace of Mother, .	Southampton
15. Place of Interment, .	Southampton
Signature of Undertaker or other person making the Return,	Wm. H. H. H.

DATED at Southampton, on Apr 23 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 13

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 23 1892
2. Name,	Willie L Collins
(Maiden Name),*	Fayville Mass
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	27 Years, Months, 24 Days.
(Disease or Cause of Death,	Consumption Lungs
6. { Duration of Sickness, .	9 years
{ By whom certified, .	
7. Residence,	Fayville Mass
8. Occupation,	Brakeman
9. Place of Death, . . .	Fayville Mass
10. Place of Birth, . . .	" " "
11. Name of Father, . . .	Lowell Collins
12. Name of Mother, . . .	Lena Pike Collins
13. Birthplace of Father, .	Scrutlero Mass
14. Birthplace of Mother, .	Westboro
15. Place of Interment, .	Scrutlero Centre
Signature of Undertaker or other person making the Return,	Wm R Macfarland

DATED at Scrutlero, on Apr 24 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 15

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 24, 1892
2. Name,	Luther Willson
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	75 Years, 4 Months, - 8 Days.
{ Disease or Cause of Death,	Apoplexy
{ Duration of Sickness, .	14 Days
{ By whom certified, .	
7. Residence,	South Lee Mass
8. Occupation,	Retired from Business
9. Place of Death, . . .	Scituate
10. Place of Birth, . . .	Scituate Mass
11. Name of Father, . . .	Ezekiel Willson
12. Name of Mother, . . .	Ruth Estlin Willson
13. Birthplace of Father, .	Scituate Mass
14. Birthplace of Mother, .	Scituate Mass
15. Place of Interment, .	Scituate Mass
Signature of Undertaker or other person making the Return,	W R Magrath
DATED at Scituate, on Apr 26, 1892	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 16

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr-29-1892
2. Name,	Ephraim H Chamberlain
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	73 Years, . . . Months, . . . Days.
{ Disease or Cause of Death,	Nervous Prostration
6. { Duration of Sickness, .	Three weeks
{ By whom certified, .	
7. Residence,	Scituate Mass
8. Occupation,	Farmer
9. Place of Death,	Scituate
10. Place of Birth,	
11. Name of Father,	John Chamberlain
12. Name of Mother,	Luce Fay
13. Birthplace of Father,	Scituate
14. Birthplace of Mother,	
15. Place of Interment,	Scituate Mass
Signature of Undertaker or other person making the Return,	Mr Macfarland
DATED at Scituate, on Apr 30 1892	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the City of Boston
(City or Town)
during the month of April 1892.

1. Date of Death, . . .	<u>April 30 1892.</u>
2. Name, . . .	<u>Luzan Ball</u>
(Maiden Name), . .	<u>Gay</u>
(Name of Husband),	<u>Lullivan</u>
3. Sex, and whether single,	<u>Female</u>
Married, or Widowed,	<u>Married</u>
4. Color, . . .	<u>White</u>
5. Age, . . .	<u>63</u> Years, . . . Months, . . . Days.
{ Disease or Cause of Death,	<u>Cancer of abdominal organs, - Laparotomy</u>
6. { Duration of Sickness,	<u>3 mos.</u>
{ By whom certified, . .	<u>John H. Mans M. D.</u>
7. Residence, . . .	<u>Southboro</u>
8. Occupation, . . .	<u>-</u>
9. Place of Death, . .	<u>Boston</u>
10. Place of Birth, . .	<u>Southboro</u>
11. Name of Father, . .	<u>Grant</u>
12. Name of Mother, . .	<u>(Lillifield)</u>
(Maiden Name.)	
13. Birthplace of Father, .	<u>Southboro</u>
14. Birthplace of Mother, .	<u>"</u>
15. Place of Interment, .	<u>"</u>

I certify that the foregoing is a true copy.

Attest:

Franklin D. Rideout
Acting City Registrar Clerk.
(City or Town.)

May 5 1892

No. 18

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 15 1892
2. Name,	Mary Breen
(Maiden Name),* . .	
(Name of Husband),* .	
3. Sex, and whether single,	F
Married, or Widowed,	M
4. Color,†	
5. Age,	74 Years, . . . Months, . . . Days.
(Disease or Cause of Death, (Primary and Secondary),†	Acute Mania
6. Duration of Sickness, .	9 days at Hospital
(By whom certified, . .	Elmer L. Keith M.D.
7. Residence,	Southboro
8. Occupation,	
9. Place of Death, . . .	Westboro
10. Place of Birth, . . .	Ireland
11. Name of Father, . . .	Thomas M. Mahon
12. Name of Mother, . . .	Elizabeth Morrissey
(Maiden Name), . . .	
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	"
15. Place of Interment, .	Waltham Mass
Signature of Undertaker, or other person making the Return,	<p>Attest</p> <p>Ernest L. Chase</p> <p>Town Clerk</p>

DATED at, on 18 .

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. 109

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . May 19th 1892.
2. Name, . . . John A. Richards.
- (Maiden Name),* . . .
- (Name of Husband),* . . .
3. Sex, and whether single, Male & unmarried
- Married, or Widowed, . . .
4. Color,† . . .
5. Age, . . . 75 Years, 7 Months, 3 Days.
- (Disease or Cause of Death, . . .
6. Duration of Sickness, . . . 4 Months
- (By whom certified, . . .
7. Residence, . . . Southboro
8. Occupation, . . . Farmer
9. Place of Death, . . . Frazarville
10. Place of Birth, . . . Southboro
11. Name of Father, . . . E. & Richards
12. Name of Mother, . . . Fanny Richards
13. Birthplace of Father, . . .
14. Birthplace of Mother, . . .
15. Place of Interment, . . . Southboro.

Signature of Undertaker
or other person making
the Return, . . . }

DATED at . . . , on May 26 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 20

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . May -31-1892
2. Name, Fela L Bruce
(Maiden Name),* . . . " Macker
(Name of Husband),* . . . Leocom Bruce
3. Sex, and whether single,
Married, or Widowed, . . . Married

4. Color,†
5. Age, 25 Years, 8 Months, Days.

Disease or Cause of Death, . . . Consumption
6. Duration of Sickness, . . . 1 year 6 months
By whom certified, . . .

7. Residence, Fagville Mass

8. Occupation, House wife

9. Place of Death, Fagville Seaboard

10. Place of Birth, " "

11. Name of Father, Amariah Macker

12. Name of Mother, Sophia Bigelow

13. Birthplace of Father, Traken Mass

14. Birthplace of Mother, Medway " "

15. Place of Interment, Hestere Mass

Signature of Undertaker
or other person making
the Return,

} Hmp Mackerfemel

DATED at Fagville, on May -31 18 92

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 71

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . June 17
2. Name, Eliza E. Collins
(Maiden Name),* . . . Eliza E. Baynton
(Name of Husband),* . . . Dennis Collins
3. Sex, and whether single,
Married, or Widowed, . . . Married
4. Color,†
5. Age, 82 Years, 3 Months, 8 Days.
- (Disease or Cause of Death, . . . Pertinax
6. { Duration of Sickness, . . . four days
By whom certified, . . . Dr. Robertson
7. Residence, Southboro
8. Occupation, Home Keeper
9. Place of Death, Southboro
10. Place of Birth, Westboro
11. Name of Father, Nathan Baynton
12. Name of Mother, Mary Baynton
13. Birthplace of Father, Framingham
14. Birthplace of Mother, Westboro
15. Place of Interment, Southboro

Signature of Undertaker
or other person making
the Return,

Henry Newton

DATED at Southboro, on June 19 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. *22*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>July 11 1892</i>
2. Name,	<i>Sophia Wilderth</i>
(Maiden Name),* . .	<i>" " DeLoff</i>
(Name of Husband),* .	<i>Samuel Wilderth</i>
3. Sex, and whether single, Married, or Widowed,	<i>Widowed</i>
4. Color,†	
5. Age,	<i>91 Years, 5 Months, 16 Days.</i>
{ Disease or Cause of Death,	<i>Old age & La Grippe</i>
{ Duration of Sickness, .	<i>8 months</i>
{ By whom certified, .	<i>Geo. W. Butler Fielding</i>
7. Residence,	<i>Fairville Southbridge</i>
8. Occupation,	<i>Retired Laborer</i>
9. Place of Death, . . .	<i>Fairville Mass</i>
10. Place of Birth, . . .	<i>Caelia N H</i>
11. Name of Father, . .	<i>Benjamin DeLoff</i>
12. Name of Mother, . .	<i>Elkath Kelly</i>
13. Birthplace of Father, .	<i>Raymond N H</i>
14. Birthplace of Mother, .	<i>" "</i>
15. Place of Interment, .	<i>Boston Dorchester</i>
Signature of Undertaker or other person making the Return,	<i>Wm. Macfarlane</i>

DATED at *Fairville*, on *July 11* 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 23

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July - 15 - 1892
2. Name,	Edwin Pope
(Maiden Name),*	Marion
(Name of Husband),*	Henry F. Pope
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	42 Years, 3 Months, 8 Days.
(Disease or Cause of Death,	Brain Fever
6. Duration of Sickness, .	8 months
(By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	Domestic
9. Place of Death, . . .	Southboro Mass
10. Place of Birth, . . .	Europe
11. Name of Father, . .	Wm. Maher
12. Name of Mother, . .	Mary " "
13. Birthplace of Father, .	Europe
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	<div style="border-left: 1px solid black; padding-left: 10px;"> <p><i>[Signature]</i></p> </div>

DATED at Southboro, on July 15 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. 74

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	July 15 1892
2. Name,	Chetarian C. Nichols
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	16 Years, 3 Months, 4 Days.
{ Disease or Cause of Death,	Galloping Consumption
6. { Duration of Sickness, .	3 1/2 months
{ By whom certified, .	Dr Butterfield
7. Residence,	Southboro
8. Occupation,	
9. Place of Death,	Southboro Mass
10. Place of Birth,	Brookfield Mass
11. Name of Father,	Austin L. Nichols
12. Name of Mother,	Josephine Bond
13. Birthplace of Father,	Brookfield Mass
14. Birthplace of Mother,	Sturbridge Mass
15. Place of Interment,	Southboro
Signature of Undertaker or other person making the Return,	} Henry Newton

DATED at Southboro, on July 16 18 92.

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. 25

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 27 1892
2. Name,	Patrick Guilfoil
(Maiden Name),* . . .	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, †	White
5. Age,	Years, 4 Months, 6 Days.
(Disease or Cause of Death,	Cholera Infantum
6. Duration of Sickness, .	Two days
(By whom certified, . . .	J. E. Gore
7. Residence,	Southboro
8. Place of Death, . . .	Southboro
9. Occupation,	
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Patrick Guilfoil
12. Name of Mother, . . .	Catherine Beatty
13. Birthplace of Father, .	New Brunswick
14. Birthplace of Mother, .	New Brunswick
15. Place of Interment, . .	High Center
Signature of Undertaker or other person making the Return,	

DATED at Southboro on July 27 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 26

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 29 th 1892
2. Name,	Arthur W Stivers
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Single
4. Color,†	
5. Age,	Years, 4. Months, 10 Days. 18
(Disease or Cause of Death,	Conjestion of the Bronchial tubes
6. { Duration of Sickness, .	6 days
(By whom certified, .	J. Luther Walker
7. Residence,	Southboro
8. Occupation,	
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	Kings County Nova Scotia
11. Name of Father, . .	William W Stivers
12. Name of Mother, . .	Annie W Stivers
13. Birthplace of Father, .	Kings Co Nova Scotia
14. Birthplace of Mother, .	" " " "
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	{ Henry Weston

DATED at Southboro, on July 30 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Aubrey Watson Stevens

Date and Place of Death, -

died at Northboro, Mass. July 29 1892

Disease or Cause of Death, -

of Congestion of lungs
result of diphtheria. Duration of Sickness ten days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. Calvin Walker -

Date of Certificate,

Aug. 1st 1892

* Or Sex of Infant (not named).

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

July 29 1892

2. Name, . . .

Eva M. Hines

(Maiden Name),*

(Name of Husband),*

3. Sex, and whether single,

Female

Married, or Widowed,

4. Color,† . . .

5. Age, . . .

Years, . . . Months, . . . Days. 29

Disease or Cause of Death,

Pneumonia

6. Duration of Sickness, .

5 days

By whom certified, .

J. Luther Walker

7. Residence, . . .

Southboro

8. Occupation, . . .

9. Place of Death, . . .

Southboro

10. Place of Birth, . . .

Southboro

11. Name of Father, . .

William V. Hines

12. Name of Mother, . .

Annie V. Hines

13. Birthplace of Father, .

Kings County Nova Scotia

14. Birthplace of Mother, .

" " "

15. Place of Interment, .

Southboro

Signature of Undertaker
or other person making
the Return, . . . }

Harry A. Newton

DATED at Southboro, on July 30 1892.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Eva Stivers
Date and Place of Death, - died at Southboro. Mass., July 28 1892
Disease or Cause of Death, - of Pneumonia Duration of Sickn^{ess} two weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician J. Culver Walker
Date of Certificate, Aug 1st 1892

* Or Sex of Infant (not named).

No. *28*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *July 31st 1899*
2. Name, . . . *Marcia Pimentes*
 (Maiden Name),* . . .
 (Name of Husband),* . . .
3. Sex, and whether single,
 Married, or Widowed, *Widowed*
4. Color,†
5. Age, *78* Years, *5* Months, *3* Days.
 (Disease or Cause of Death,
 6. { Duration of Sickness,
 { By whom certified, . . . *Dr. J. H. Robinson*
Southboro Mass
7. Residence, *Book Agent*
8. Occupation, *Southboro*
9. Place of Death, *Spamingham*
10. Place of Birth, *Cyza*
11. Name of Father, *Susan*
12. Name of Mother, *Marlboro*
13. Birthplace of Father, *Sudbury*
14. Birthplace of Mother, *Southboro*
15. Place of Interment,

Signature of Undertaker
 or other person making
 the Return,

Henry A. Benton

DATED at *Southboro*, on *July 31* 18 *99*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 29

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Died Aug - 6 - 1892
2. Name,	Susan Williams
(Maiden Name),*	"Wm Williams"
(Name of Husband),*	"Wm Williams"
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	38 Years, - 1 Months, 23 Days.
(Disease or Cause of Death,	Heart failure
6. { Duration of Sickness, .	3 weeks
(By whom certified, .	
7. Residence,	Scituate
8. Occupation,	House wife
9. Place of Death, . . .	Scituate
10. Place of Birth, . . .	Marionville Me
11. Name of Father, . .	Wm L Carr
12. Name of Mother, . .	Mary Moore
13. Birthplace of Father, .	Scituate Me
14. Birthplace of Mother, .	Watham Me
15. Place of Interment, .	Scituate
Signature of Undertaker or other person making the Return,	Wm L Carr

DATED at Scituate, on Aug - 6 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Sudana Williams

Date and Place of Death, -

died at

Southboro, Mass. Aug. 6th 1892

Disease or Cause of Death, -

of

Heart failure

Duration of Sickness

23 weeks

caused by chronic disease of the stomach

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. Culver Hacker

Date of Certificate,

Aug. 8th 1892

* Or Sex of Infant (not named).

No. 30

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug-15-1892
2. Name,	Valerence Newton
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	71 Years, 4 Months, 18 Days.
(Disease or Cause of Death,	Cancer
6. Duration of Sickness, .	4 months
(By whom certified, .	J. H. Robinson
7. Residence,	Taunton
8. Occupation,	Beamstitch
9. Place of Death, . . .	Taunton Mass
10. Place of Birth, . . .	Southboro "
11. Name of Father, . .	Lincoln Newton
12. Name of Mother, . .	Anna Newton
13. Birthplace of Father, .	Southboro Mass
14. Birthplace of Mother, .	" " " "
15. Place of Interment, .	" " " "
Signature of Undertaker or other person making the Return,	J. H. Robinson

DATED at Southboro, on Aug 16 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Patience Newlon

Date and Place of Death, -

died at Southboro., Aug. 15th 1892.

Disease or Cause of Death, -

of Cancer Duration of Sickness 4 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

W. H. Robinson Southboro. Mass.

Date of Certificate, Aug. 16th 1892.

* Or Sex of Infant (not named).

No. 31

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 18 - 92
2. Name,	Donald J. Lowrie
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	white
5. Age,	1 Years, 2 Months, 14 Days.
{ Disease or Cause of Death,	Cholera infantum
6. { Duration of Sickness, .	one week
{ By whom certified, .	Dr Bradley
7. Residence,	Northboro Southboro
8. Occupation,	
9. Place of Death, . . .	
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Donald J. Lowrie
12. Name of Mother, . . .	Margaret Lowrie
13. Birthplace of Father, .	Northfleet. Eng.
14. Birthplace of Mother, .	Brookline. Mass.
15. Place of Interment, .	Holyhood cemetery
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Aug 19 1892.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 32

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Giovani Remelli</i>
2. Name,	
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	<i>2</i> Years, <i>6</i> Months, — Days.
{ Disease or Cause of Death,	
{ Duration of Sickness, .	<i>Diphtheria</i>
{ By whom certified, .	
7. Residence,	<i>Southton, Fayville</i>
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	<i>Frammingham Mass</i>
11. Name of Father,	<i>Julius</i>
12. Name of Mother,	<i>Charlotte (Maccini)</i>
13. Birthplace of Father,	<i>Italy</i>
14. Birthplace of Mother,	
15. Place of Interment,	<i>Frammingham</i>
Signature of Undertaker or other person making the Return,	<i>J. E. Barnay</i>

DATED at *Southton*, on *Aug. 28* 189*2*.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

John Romelli

Date and Place of Death, -

died at

Jayville

August 27th

1892

Disease or Cause of Death, -

of

Diphtheria

Duration of Sickness

No days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

Euseb. Bigelow

Date of Certificate,

August 28th

1892

* Or Sex of Infant (not named).

No. *37*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Aug 29 - 1892</i>
2. Name,	<i>Archie P. Farnesen</i>
(Maiden Name),*	
(Name of Husband),*	<i>Sinse</i>
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	<i>24 Years, - 3 Months, 14 Days.</i>
(Disease or Cause of Death,	<i>Killed by Cars</i>
6. Duration of Sickness, .	
By whom certified, .	
7. Residence,	<i>Haverhill Mass</i>
8. Occupation,	<i>Gunsmith</i>
9. Place of Death,	<i>Concord Mass</i>
10. Place of Birth,	<i>East Haden</i>
11. Name of Father,	<i>John W. Farnesen</i>
12. Name of Mother,	<i>Sarah A. Hibben</i>
13. Birthplace of Father, .	<i>Dartmouth N.H.</i>
14. Birthplace of Mother, .	<i>Portland St John</i>
15. Place of Interment, .	<i>Southboro Mass</i>
Signature of Undertaker or other person making the Return,	<i>Mr Macfarland</i>

DATED at *Southboro*, on *Aug 30* 18*92*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 36

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 26 - 1892
2. Name,	Julia E. Butler
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,†	
5. Age,	1 Years, 17 Months, 17 Days.
(Disease or Cause of Death,	Dysentery
6. Duration of Sickness, .	Three Weeks
(By whom certified, .	
7. Residence,	Southville
8. Occupation,	
9. Place of Death, . . .	Southville
10. Place of Birth, . . .	"
11. Name of Father, . . .	John Butler
12. Name of Mother, . . .	Delia Burns
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	"
15. Place of Interment, .	Highland
Signature of Undertaker or other person making the Return,	Wm MacFarland

DATED at Southville, on Sept - 26 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Katie Miller

Date and Place of Death, -

died at

Southwood L.A., 26

1892

Disease or Cause of Death, -

of

Infantile Diarrhoea

Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

G. M. Butlerfield M.D.

Date of Certificate,

Sept. 27

1892

* Or Sex of Infant (not named).

No. 34

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 26 - 1899
2. Name,	Merlemon H. Watson
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widower
4. Color,†	
5. Age,	79 Years, - 3 Months, 12 Days.
(Disease or Cause of Death,	Bright's Disease
6. { Duration of Sickness, .	7 months
{ By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	Fireman
9. Place of Death,	Southboro Mass
10. Place of Birth,	Southboro Mass
11. Name of Father,	Levi Watson
12. Name of Mother,	Lucretia Watson
13. Birthplace of Father,	Southboro Mass
14. Birthplace of Mother,	Southboro Mass
15. Place of Interment,	Southboro Mass
Signature of Undertaker or other person making the Return,	Wm. H. Hagerland

DATED at Southboro, on Sept 27 18 99

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Woodman H. Watson

Date and Place of Death, -

died at Fayville, Mass., Sept 26 1892

Disease or Cause of Death, -

of Bright's Disease Duration of Sickness One year
of the kidneys.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. C. Walker

Date of Certificate,

Sept 29 1892

* Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Archie P. Jameson.

Date and Place of Death, -

died at

Southborough, Mass., Aug. 29, 1892.

Disease or Cause of Death, -

of

Killed on the railroad

Duration of Sickness

instant

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Henry A. Jewett, M.D., Northboro, Mass.,

Date of Certificate,

Aug 30th 1892

*Or Sex of Infant (not named).

No. 36

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 22, 1892
2. Name,	Wm F. O'Brien
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 1 Months, 7 Days.
(Disease or Cause of Death,	
6. (Duration of Sickness, .	Three weeks
(By whom certified, .	no doctor
7. Residence,	Scituate
8. Occupation,	
9. Place of Death, . . .	Scituate
10. Place of Birth, . . .	" "
11. Name of Father, . .	James O'Brien
12. Name of Mother, . .	Perce Pearce
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Marblehead Mass
Signature of Undertaker or other person making the Return,	Wm O'Brien

DATED at Scituate, on Sept 22 18 92

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 37

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Nov - 1 - 1892
2. Name,	Mamie Newton Gistyn
(Maiden Name),*	Newton
(Name of Husband),*	Geo Gistyn
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	20 Years, - 3 Months, 22 Days.
(Disease or Cause of Death,	Heart Failure
6. { Duration of Sickness, .	Three Weeks
{ By whom certified, .	R. C. Walker
7. Residence,	Southboro Mass
8. Occupation,	Domestic
9. Place of Death,	Southboro Mass
10. Place of Birth,	Franklin "
11. Name of Father, . . .	Chas H Newton
12. Name of Mother, . . .	Wesley M Butterfield
13. Birthplace of Father, .	Southboro Mass
14. Birthplace of Mother, .	Franklin " "
15. Place of Interment, .	Southboro " "
Signature of Undertaker or other person making the Return,	R. M. Macfarland

DATED at Southboro, on Nov - 1 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Mary Elizabeth Jocelyn
Date and Place of Death, - died at Southborough Mass Oct 3/1892
Disease or Cause of Death, - of Heart Failure; Duration of Sickness Three weeks
Course from Typhoid fever

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. C. Walker

Date of Certificate, Nov 1st 1892

* Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Mary Elizabeth Jocelyn

Date and Place of Death, -

died at

Southborough Mass Oct 3/1892

Disease or Cause of Death, -

of

Heart Failure,

Duration of Sickness

Three weeks

Cause from Periperal Fever.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. C. Shaffer

Date of Certificate,

Nov 7th - 1892

* Or Sex of Infant (not named).

No. 36

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<u>Nov-2 1892</u>
2. Name,	<u>Geo A Foster Jr</u>
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, <u>24</u> Days.
{ Disease or Cause of Death,	
6. { Duration of Sickness, .	<u>three weeks</u>
{ By whom certified, .	<u>J C Walker</u>
7. Residence,	
8. Occupation,	
9. Place of Death, . . .	<u>Southboro Mass</u>
10. Place of Birth, . . .	<u>"</u>
11. Name of Father, . . .	<u>Geo Foster</u>
12. Name of Mother, . . .	<u>Mamie Neulen</u>
13. Birthplace of Father, .	<u>Banger Me</u>
14. Birthplace of Mother, .	<u>Wrentham Mass</u>
15. Place of Interment, .	<u>Southboro</u>
Signature of Undertaker or other person making the Return,	<u>Wm R. Macfarlane</u>

DATED at Southboro, on Nov-2 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - George Albert Jocelyn
Date and Place of Death, - died at Southboro, Mass Nov 9 1892
Disease or Cause of Death, - of Septic poisoning Duration of Sickness one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician J. C. Walker

Date of Certificate, Nov 24 1892

* Or Sex of Infant (not named).

No. 39

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Nov-13-1892

2. Name, . . . Mary Perkins
(Maiden Name),* . . . " " " "
(Name of Husband),* . . . John A. Perkins

3. Sex, and whether single,
Married, or Widowed, . . . Married

4. Color,† . . .

5. Age, . . . 69 Years, 2 Months, . . . Days.

6. { Disease or Cause of Death, . . .
Duration of Sickness, . . . 1 Year
By whom certified, . . .

7. Residence, . . . Southboro, Mass.

8. Occupation, . . . House Wife

9. Place of Death, . . . Southboro

10. Place of Birth, . . .

11. Name of Father, . . . John Perkins

12. Name of Mother, . . . Maria Perkins

13. Birthplace of Father, . . . England

14. Birthplace of Mother, . . . Scotland

15. Place of Interment, . . . " " "

Signature of Undertaker
or other person making
the Return, . . .

DATED at Southboro, on Nov-20 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .

Mrs. Jonathan Workes

Date and Place of Death, . .

1892 Nov. 19th Southboro, Mass.

Disease, {
or Cause { First or Primary,
of Death, { Secondary, . . .

Prob-ly Heart Disease Duration of,* Sudden
No post mortem.

Duration of, . . .

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence, . . .

J. Henry Robinson M.D.

Dated at Southboro, Mass. Nov 26th 1892.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

No. 140

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Nov-20-1892
2. Name, Wm P. Pittson
- (Maiden Name),*
- (Name of Husband),*
3. Sex, and whether single,
Married, or Widowed, Married
4. Color,†
5. Age, 73 Years, 3 Months, 8 Days.
- { Disease or Cause of Death, Heart Failure
- { Duration of Sickness, . 7 years
- { By whom certified,
7. Residence, Southboro Mass
8. Occupation, Retired
9. Place of Death, Southboro
10. Place of Birth, MA
11. Name of Father, Ezekiel Pittson
12. Name of Mother, Ruth Ellis
13. Birthplace of Father, MA
14. Birthplace of Mother,
15. Place of Interment, Barnstable

Signature of Undertaker
or other person making
the Return,

DATED at

Southboro, on Nov-24 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - William P. Willson
Date and Place of Death, - died at Southborough, November 20th 1892,
Disease or Cause of Death, - of Softening of the Brain, Duration of Sickness 3 years.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician... Albert H. Blanchard, M.D., Sherborn.

Date of Certificate, Sherborn, Mass. Nov. 21, 1892.

* Or Sex of Infant (not named).

No. 41

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Nov. 22^d 1892.

2. Name, . . . # Edwice Adams
 (Maiden Name),* . . .
 (Name of Husband),* . . .

3. Sex, and whether single, male
 Married, or Widowed, #

4. Color,† . . . white

5. Age, . . . 0 Years, 0 Months, # Days. *Breathed only few times*

{ Disease or Cause of Death, Craniootomy

6. { Duration of Sickness, . . . no duration
 { By whom certified, Gardner C. Pierce, M.D.

7. Residence, . . . Southboro

8. Occupation, . . . #

9. Place of Death, . . . Southboro

10. Place of Birth, . . . Southboro

11. Name of Father, . . . Ernest D. Adams

12. Name of Mother, . . . Ruth A. Adams. Brewster

13. Birthplace of Father, . . . Maldoboro Me.

14. Birthplace of Mother, . . . Goucester Mass.

15. Place of Interment, . . . Brewster "

Signature of Undertaker
 or other person making
 the Return, . . . } H. N. Macfarlane

DATED at Southboro, on Nov-23 1892

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Feb. 1890—5,000.

No. 42

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 9 1892
2. Name,	Mary Nezid
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, Months, / Days.
6. { Disease or Cause of Death, (Primary and Secondary),‡	Child Birth
{ Duration of Sickness, .	1 Day
{ By whom certified, .	
7. Residence,	Southern Town
8. Occupation,	
9. Place of Death, . . .	Southern Town
10. Place of Birth, . . .	
11. Name of Father, . . .	Henry P. P. P.
12. Name of Mother, . . .	John P. P.
(Maiden Name),	
13. Birthplace of Father, .	Canada
14. Birthplace of Mother, .	
15. Place of Interment, .	St. James
Signature of Undertaker or other person making the Return,	J. H. P.

DATED at Southern Town, on Nov 11 1892

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Mrs. Bullen
Date and Place of Death, - died at Southtown Dec. 13 1892.
Disease or Cause of Death, - of Paralysis Duration of Sickness _____

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician G. H. Butterfield M.D.
Date of Certificate, Dec. 15 1892.

* Or Sex of Infant (not named).

No. 43

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec-13-1892
2. Name,	Mary H. Butterus
(Maiden Name),*	Smith
(Name of Husband),*	Albin Butterus
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	26 Years, 3 Months, Days.
(Disease or Cause of Death,	Pneumonia & Shock
6. Duration of Sickness, .	5 Days
(By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	Grove Keeper
9. Place of Death,	Southboro Mass
10. Place of Birth,	Dedham Mass
11. Name of Father,	Amos Smith
12. Name of Mother,	Hannah Whiteing
13. Birthplace of Father, .	Dedham Mass
14. Birthplace of Mother, .	" "
15. Place of Interment, . .	"North Mass
Signature of Undertaker or other person making the Return,	MR Magford
DATED at <u>Southboro</u> , on <u>Dec 14</u> 18 <u>92</u>	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan - 17 - 1893
2. Name,	Thomas Gerety Jr
(Maiden Name),* . . .	
(Name of Husband),* . . .	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	28 Years, Months, Days.
(Disease or Cause of Death,	Tuberc. of Lungs
6. Duration of Sickness, . . .	
(By whom certified, . . .	Dr. Gerety
7. Residence,	Charlton Mass
8. Occupation,	Seaman
9. Place of Death,	Charlton Seabrook
10. Place of Birth,	Northam Walcott
11. Name of Father,	Thomas Gerety
12. Name of Mother,	Catherine Bannen
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	Walcott N.H.
15. Place of Interment,	" " " " "
Signature of Undertaker or other person making the Return,	Wm R. Macfarland

DATED at Seabrook, on Jan 18 1893

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Thomas Dooley (from Nova Scotia) Age, About 30 years

Date and Place of Death, -

died at Southborough, Mass. Jan. 17 1893 -

Disease or Cause of Death, -

Killed on Railroad, Duration of Sickness -
at Cordaville

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Henry A. Jewett M.D.
Med Examiner Fifth Dist Worcester Co.

Date of Certificate,

January 17th 1893 -

*Or Sex of Infant (not named).

[May, 1888.]

Southborough Jan. 17, '93 -

CORDAVILLE.

On Tuesday evening, Thomas Dooley, 30 years of age, of Halifax, N. S., an employee of the Boston water works, was instantly killed, and the sleigh in which he was riding was smashed into kindling wood by being struck by the New York express, at what is known as Milan's crossing, just beyond the Cordaville station. The horse escaped injury.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Deceased,* Thomas Dooley Jr Age, about 32 yrs
 Death, - died at Southborough Mass Jan 18, 1893
 of Death, - Killed on Rail- road Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

of Certifying Physician, Henry A. Jewett M.D. Northboro Mass
med. Examiner
 Date of Certificate, January 18 1893

*Or Sex of Infant (not named).

[May, 1888.]

No. 2

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<u>January 30th 1893</u>
2. Name,	<u>Francis Fiske Kiddle</u>
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	<u>female</u>
4. Color,†	<u>White</u>
5. Age,	<u>Years, 2 Months, 3 Days.</u>
{ Disease or Cause of Death, (Primary and Secondary),‡	<u>unknown</u>
6. { Duration of Sickness, .	
{ By whom certified, . .	<u>Dr Robinson</u>
7. Residence,	<u>Sutton</u>
8. Occupation,	
9. Place of Death, . . .	<u>"</u>
10. Place of Birth, . . .	<u>"</u>
11. Name of Father, . . .	<u>Charles A Kiddle</u>
12. Name of Mother, . . .	<u>Josephine B. Kiddle</u>
(Maiden Name),	
13. Birthplace of Father, .	<u>Boston</u>
14. Birthplace of Mother, .	<u>"</u>
15. Place of Interment, .	<u>Cambridge</u>
Signature of Undertaker or other person making the Return,	<u>Rev. M. Bennett</u>

DATED at Sutton, ON July 2nd 18 93

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .

Francis Wiegler (Female)

Date and Place of Death, .

Southboro. Dec. 2. 1892

Cause of Death, {
First or Primary,
Secondary, . . .

Sudden death. Duration of,*

Cause unknown Duration of,

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence,

J. Henry Robinson M.D. Southboro, Mass.

Dated at Southboro. Feb. 14. 1893.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

No. 3

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<u>Feb 3 1893</u>
2. Name,	<u>Elizabeth C. Ockington</u>
(Maiden Name),*	<u>" Perry</u>
(Name of Husband),*	<u>William Ockington</u>
3. Sex, and whether single,	<u>Female</u>
Married, or Widowed,	<u>Widow</u>
4. Color,†	
5. Age,	<u>73</u> Years, . . . Months, . . . Days.
(Disease or Cause of Death,	<u>Heart Failure</u>
6. Duration of Sickness, .	
(By whom certified, .	<u>L. M. Butler Field M.D.</u>
7. Residence,	<u>Highland</u>
8. Occupation,	
9. Place of Death, . . .	<u>Highland</u>
10. Place of Birth, . . .	<u>Highland</u>
11. Name of Father, . . .	<u>William Perry</u>
12. Name of Mother, . . .	<u>Betsy (Greenfield)</u>
13. Birthplace of Father, .	<u>Conn. Ct.</u>
14. Birthplace of Mother, .	<u>"</u>
15. Place of Interment, .	<u>Highland</u>
Signature of Undertaker or other person making the Return,	<u>Calvin Holbrook</u>

DATED at Southampton, on Feb. 4 1893

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . May 2 - 1873
2. Name, . . . Nettie W. Collins
- (Maiden Name),* . . .
- (Name of Husband),* . . .
3. Sex, and whether single, Single
- Married, or Widowed, . . .
4. Color,† . . .
5. Age, . . . 28 Years, 2 Months, 17 Days.
- { Disease or Cause of Death, Consumption of Lungs
6. { Duration of Sickness, 6 months
- { By whom certified, . . .
7. Residence, . . . Scituate, Mass
8. Occupation, . . . Housewife
9. Place of Death, . . . Scituate, Mass
10. Place of Birth, . . . Hingham, Mass
11. Name of Father, . . . John Collins
12. Name of Mother, . . . Elizabeth Collins
13. Birthplace of Father, . . . Provincetown
14. Birthplace of Mother, . . .
15. Place of Interment, . . . Hingham, Mass

Signature of Undertaker
or other person making
the Return, . . .

DATED at Scituate, on May 18 .

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Ann M. Flandear

and Place of Death, -

died at Southford Feb. 14 1893

Age or Cause of Death, -

of Rheumatism of heart Duration of Sickness two days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

G. W. Butterfield M.D.

Date of Certificate, Feb. 15, 1893.

* Or Sex of Infant (not named).

No. 14

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb-14-1893
2. Name,	Annice M. Fataleau
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	11 Years, - 5 Months, Days.
Disease or Cause of Death,	Heart Failure
6. Duration of Sickness, .	24 hours
(By whom certified, .	
7. Residence,	Scituate Seaside
8. Occupation,	School Girl
9. Place of Death,	Scituate
10. Place of Birth,	Scituate Seaside
11. Name of Father, . . .	George Fataleau
12. Name of Mother, . . .	Harriet Brady
13. Birthplace of Father, .	New York
14. Birthplace of Mother, .	Westford Mass
15. Place of Interment, .	Westford
Signature of Undertaker or other person making the Return,	M. Brady
DATED at <u>Scituate</u> , on <u>Feb-14</u> 18 <u>93</u>	

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 6

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 6 1890
2. Name,	Ellen Hewitt
(Maiden Name),*	" Victoria
(Name of Husband),*	John F. Hewitt
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	64 Years, . . . Months, 20 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	
6. Duration of Sicknes, .	2 years
(By whom certified, .	
7. Residence,	Worcester, Mass.
8. Occupation,	Teacher
9. Place of Death, . . .	Worcester
10. Place of Birth, . . .	Worcester, Mass.
11. Name of Father, . . .	John Hewitt
12. Name of Mother, . . .	Mary Davis
(Maiden Name),	
13. Birthplace of Father, .	Worcester, Mass.
14. Birthplace of Mother, .	Worcester, Mass.
15. Place of Interment, .	Worcester, Mass.
Signature of Undertaker or other person making the Return,	W. R. [Signature]

DATED at Worcester, on March 6 1890

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

1st late. Ed. September, 1892.—5,000.

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March, 14 th 1893,
2. Name,	Cordelia Stoddard,
(Maiden Name),*	Cordelia Hartwell
(Name of Husband),*	Alpheus Stoddard
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	66 Years, 10 Months, 25 Days.
{ Disease or Cause of Death, (Primary and Secondary),‡	
6. { Duration of Sickness, .	
{ By whom certified, .	
7. Residence,	Southborough, Mass.
8. Occupation,	
9. Place of Death, . . .	Southborough, Mass.
10. Place of Birth, . . .	Newark, Vermont.
11. Name of Father, . .	Philemon Hartwell
12. Name of Mother, . .	Sally Ball
(Maiden Name),	
13. Birthplace of Father, .	Putney, Vermont
14. Birthplace of Mother, .	
15. Place of Interment, .	Southboro,
Signature of Undertaker or other person making the Return,	{ Chas. S. Quinn

DATED at Southboro, on March, 15th 1893,

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 22 1898
2. Name,	Ann B. Parker
(Maiden Name),*	Gamege
(Name of Husband),*	Warren Parker
3. Sex, and whether single, Married, or Widowed,	married
4. Color,†	
5. Age,	71 Years, 1 Months, 11 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Brain Failure
6. Duration of Sickness, .	3 days
(By whom certified, .	
7. Residence,	Southboro
8. Occupation,	Retired Teacher
9. Place of Death, . . .	Southboro, Southboro
10. Place of Birth, . . .	Medford, Massachusetts
11. Name of Father, . .	Capt. Richard Parker
12. Name of Mother, . .	Eliza Parker
(Maiden Name),	
13. Birthplace of Father, .	Medford, Mass.
14. Birthplace of Mother, .	Medford, Mass.
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	Wm. Parker

DATED at Southboro, on Mar 22, 1898

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

Commonwealth of Massachusetts.

No. 10

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr. 28 - 1898
2. Name,	Gertrude Lewis
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	74 Years, 10 Months, Days.
{ Disease or Cause of Death,	Heart failure
6. { Duration of Sickness, .	5 weeks
{ By whom certified, .	
7. Residence,	South Boston
8. Occupation,	General
9. Place of Death,	Home
10. Place of Birth,	New York
11. Name of Father, . . .	James Lewis
12. Name of Mother, . . .	Lucy Lee Lewis
13. Birthplace of Father, .	New York
14. Birthplace of Mother, .	Brooklyn
15. Place of Interment, .	Greenwood
Signature of Undertaker or other person making the Return,	W. H. Langford

DATED at South Boston, on Apr 28 1898

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

To the Clerk or Registrar of the Town or City in which the Death occurred.

Name and Sex of Deceased, .

Jonathan Woods

Date and Place of Death, . .

Southboro, Mass. April 28th 1893

Disease, {
or Cause { First or Primary,
of Death, { Secondary, . . .

Heart disease

Duration of,*

Uncertain

Duration of,

I certify that the above is a true Return, to the best of my recollection and belief.

Name, Professional Title, and Residence,

J. H. Robinson M.D. Southboro, Mass

Dated at

Southboro, April 28th 1893.

[Be very particular to fill all Blanks.]

* Reckoned to the time of death.

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Apr 29 1898
2. Name,	Mary Chapman
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	21 Years, . . . Months, 21 Days.
(Disease or Cause of Death,	Bright Green
6. { Duration of Sickness, .	6 Weeks
{ By whom certified, .	Dr. Harris
7. Residence,	Proctor's Green
8. Occupation,	Widow Chapman
9. Place of Death,	Southwick Mass
10. Place of Birth,	Utah Canada
11. Name of Father,	Chas. Lydenburg
12. Name of Mother,	Mary H. Proctor
13. Birthplace of Father, .	Canada
14. Birthplace of Mother, .	"Proctor's" Mass
15. Place of Interment, .	"Proctor's" Mass
Signature of Undertaker or other person making the Return,	Mr. Chapman

DATED at Southwick, on Apr 30 1898.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Mary LaFontaine* Age, *21¹/₂ - 21 days*
Date and Place of Death, - died at *Southon* *April 29* 1898 .
Disease or Cause of Death, - of *Bright's Disease*
(Primary and Secondary.)†
Duration of Sickness, - - *Chronic*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *E. B. Harvey*

Date of Certificate, *April 30* 1893 .

*Or Sex of Infant (not named). † If a soldier or sailor who served in the War of the Rebellion.

No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 25, 1898
2. Name,	Mehitable B. Chamberlain
(Maiden Name),*	Mehitable Bacon Morse
(Name of Husband),*	John Chamberlain
3. Sex, and whether single, Married, or Widowed,	Female Widowed
4. Color,†	
5. Age,	76 Years, 3 Months, 24 Days.
{ Disease or Cause of Death,	Consumption
{ Duration of Sickness, .	Two and a half years
{ By whom certified, .	Dr. G. W. Butterfield
7. Residence,	Southborough
8. Occupation,	
9. Place of Death, . . .	Southborough
10. Place of Birth, . . .	Needham (now Weymouth)
11. Name of Father, . .	Daniel Morse
12. Name of Mother, . .	Mehitable Bacon
13. Birthplace of Father, .	Needham
14. Birthplace of Mother, .	Needham
15. Place of Interment, .	Southborough
Signature of Undertaker or other person making the Return,	Lama M. Corant

DATED at Southborough, on May 27 1898

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, March 3 - 1873
2. Name, Helie M. Collins
 (Maiden Name),*
 (Name of Husband),*
3. Sex, and whether single,
 Married, or Widowed, Single
4. Color,†
5. Age, 23 Years, 2 Months, 17 Days.
6. { Disease or Cause of Death, Consumption of Lungs
 { Duration of Sickness, 6 Months
 { By whom certified,
7. Residence, Scituate Mass
8. Occupation, Retired
9. Place of Death, Scituate Mass
10. Place of Birth, Hartford Conn
11. Name of Father, John Collins
12. Name of Mother, Caroline Brown
13. Birthplace of Father, Ireland
14. Birthplace of Mother,
15. Place of Interment, Hartford Conn

Signature of Undertaker
 or other person making
 the Return,

DATED at Scituate, on March 18 .

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Annie Flandear

and Place of Death, -

died at

Southwood Feb. 14

1893

Use or Cause of Death, -

of Rheumatism of heart

Duration of Sickness

two days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

G. W. Butler, M.D.

Date of Certificate,

Feb. 15.

1893.

* Or Sex of Infant (not named).

No. 14

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb-14-1893
2. Name,	Homie M. Fatale
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	11 Years, - 5 Months, . . . Days.
{ Disease or Cause of Death,	Heart Failure
6. { Duration of Sickness, .	24 Hours
{ By whom certified, .	
7. Residence,	Scituate Scituate
8. Occupation,	Seaman
9. Place of Death,	Scituate
10. Place of Birth,	Scituate Scituate
11. Name of Father,	George Fatale
12. Name of Mother,	Helmer Brady
13. Birthplace of Father,	New York
14. Birthplace of Mother,	New York Mass
15. Place of Interment,	New York
Signature of Undertaker or other person making the Return,	W. R. Drayton

DATED at Scituate, on Feb-14 1893

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 6

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 6 1890
2. Name,	John Henry
(Maiden Name),*	Rebecca
(Name of Husband),*	John F. Henry
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	63 Years, . . . Months, 20 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	
6. Duration of Sickness, .	
(By whom certified, .	
7. Residence,	Prattville, Ala
8. Occupation,	Dr
9. Place of Death,	Prattville, Ala
10. Place of Birth,	Prattville, Ala
11. Name of Father,	John Burns
12. Name of Mother,	Mary Burns
(Maiden Name),	
13. Birthplace of Father, .	Prattville, Ala
14. Birthplace of Mother, .	Prattville, Ala
15. Place of Interment, .	Prattville, Ala
Signature of Undertaker or other person making the Return,	W. R. Pratt

DATED at Prattville, on March 6 1890

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March, 14 th 1893,
2. Name,	Cordelia Stoddard,
(Maiden Name),*	Cordelia Hartwell
(Name of Husband),*	Alpheus Stoddard
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	66 Years, 10 Months, 25 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	
6. Duration of Sickness, .	
(By whom certified, .	
7. Residence,	Southborough, Mass.
8. Occupation,	
9. Place of Death, . . .	Southborough, Mass.
10. Place of Birth, . . .	Newark, Vermont
11. Name of Father, . . .	Philemon Hartwell
12. Name of Mother, . . .	Julia Ball
(Maiden Name),	
13. Birthplace of Father, .	Putney, Vermont
14. Birthplace of Mother, .	
15. Place of Interment, .	Southboro,
Signature of Undertaker or other person making the Return,	Chas. S. Quinn

DATED at Southboro, on March, 15th 1893,

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 9

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 22 1870
2. Name,	Ann B. Gamage
(Maiden Name),*	Gamage
(Name of Husband),*	Harvey Gamage
3. Sex, and whether single, Married, or Widowed,	married
4. Color,†	
5. Age,	71 Years, 1 Months, 11 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Heart failure
6. Duration of Sickness, .	3 days
(By whom certified, .	
7. Residence,	Scituate
8. Occupation,	Retired Soldier
9. Place of Death, . . .	Scituate, Scituate
10. Place of Birth, . . .	Bedford, Massachusetts
11. Name of Father, . . .	Capt. Richard Gamage
12. Name of Mother, . . .	Betsy Phillips
(Maiden Name),	Gamage
13. Birthplace of Father, .	Scituate, Mass.
14. Birthplace of Mother, .	Scituate, Mass.
15. Place of Interment, .	Scituate
Signature of Undertaker or other person making the Return,	Wm. Gamage

DATED at Scituate, on Mar 22 1870

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

No. 8

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Mar. 30. 1893
2. Name,	David B. Harvey
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	male
Married, or Widowed,	married
4. Color,†	W.
5. Age,	48 Years, . . . Months, 20 Days.
{ Disease or Cause of Death, (Primary and Secondary),‡	Acute Mania & Exhaustion
6. { Duration of Sickness, .	In Hospital about 12 hours.
{ By whom certified, .	J. F. Boothfield M. D.
7. Residence,	Southboro
8. Occupation,	Farmer
9. Place of Death,	Westboro, Mass
10. Place of Birth,	Nova Scotia
11. Name of Father,	John Harvey
12. Name of Mother,	Agnes (Daw)
(Maiden Name),	
13. Birthplace of Father, .	Nova Scotia
14. Birthplace of Mother, .	" "
15. Place of Interment, . .	Southboro
atue copy Signature of Undertaker or other person making and Return,	Fenny L. Chase Town Clerk

DATED at Westboro, on April 15 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

David B. Harvey

Age,

Date and Place of Death,

died at Westboro Hospital, Mar. 30, 1893.

Disease or Cause of Death,

(Primary and Secondary.)†

of Acute Mania & Exhaustion

Duration of Sickness,

In Hospital about 12 hours

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. F. Bothfeld M.D. Westboro

Date of Certificate, Mar 30, 1893.

* Or Sex of Infant (not named).

† If a soldier or sailor who served in the War of the Rebellion.

UNDERTAKER'S RETURN

To the Board of Health of the City of Worcester.

Date of Death May 28th 1893 Name Jonas Miles Whiting
Maiden Name _____ Sex Male
Color White Married, Single or Widowed Single
Age 63 Years 9 Months 17 Days
Disease or Cause of Death, First or Primary _____
Secondary, if any _____
Name of the Physician _____
Residence of the Deceased, No. _____ Street _____
Occupation _____ Husband's Name _____
Place of Death, No. _____ Street _____
Place of Birth Royalston, Mass.
Father's Name Seth Whiting
Father's Birthplace Shrewsbury, Mass.
Mother's Maiden Name Mary Kendall
Mother's Birthplace Athol, Mass.
Place of Interment Southboro, Mass. Cemetery.

Signature of Undertaker or Informer _____

Dated at Worcester, this _____ day of _____ 18

Physician's Certificate of the Cause of Death.

Date of Death	_____	18
Name and Sex of Deceased	_____	
Place of Death	No. _____	Street _____
Disease or Cause of Death.	First or Primary	Duration of* _____
	Secondary	Duration of _____

I certify that the above is a true Return, to the best of my recollection and belief.

Name and Professional Title _____

Residence No. _____ Street _____

Dated at Worcester, this _____ day of _____ 18

[Be very particular to fill all the Blanks.]

* Reckoned to the time of Death.

Approved,

Board of Health.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the City of Boston
(City or Town.)
during the month of July 1893.

1. Date of Death, . . .	<u>July 22/93</u>
2. Name, . . .	<u>James C. Howe</u>
(Maiden Name), . . .	—
(Name of Husband), . . .	—
3. Sex, and whether single, Married, or Widowed,	<u>Male</u> <u>Single</u>
4. Color, . . .	<u>White</u>
5. Age, . . .	<u>23</u> Years, — Months, — Days.
(Disease or Cause of Death,	<u>Railroad Accident</u>
6. { Duration of Sickness,	—
{ By whom certified, . . .	<u>F. W. Draper M.D.</u>
7. Residence, . . .	<u>Southboro</u>
8. Occupation, . . .	<u>Driver of milk wagon</u>
9. Place of Death, . . .	<u>Kneeland St Station B. & N. R.R.</u>
10. Place of Birth, . . .	<u>New Salem</u>
11. Name of Father, . . .	<u>Uriah</u>
12. Name of Mother, . . .	<u>Adaline Whiting</u>
(Maiden Name.)	—
13. Birthplace of Father, . . .	<u>Yarmouth</u>
14. Birthplace of Mother, . . .	<u>Southboro</u>
15. Place of Interment, . . .	<u>New Salem</u>

I certify that the foregoing is a true copy.

Attest:

Aug 18th 1893.

John C. Short
City Registrar Clerk.
(City or Town.)

No. of Permit.....

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.

Date of Death, *July 31st 1893*

Name, *William Percy Read*

Maiden Name,* Sex,

Married, single or widow, *married* wife of

Color, *White* Age, *57* years,
2 months,
26 days,

Residence, *Southboro Mass*

Place of death, Street and No. Ward,

Place of Birth, *Sackville N.B.* Occupation, *Farmer*

Name of Mother, *Margaret* Maiden Name, *Singley*

Name of Father, *Asa Read*

Birthplace of Father, *Sackville N.B.*

Birthplace of Mother, *H. D. Butz N.B.*

Place of Interment,† *Chipman Cemetery*

*If a married woman or a widow. †Give the name of the burial ground.

Signature of Undertaker or other person
making the return. }

J. Frank Child

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased, *William Percy Read*

Date and Place of Death, *Southboro Mass*

Disease or Cause of Death, *Malnutrition General Debility*

Four Years *duration of

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, *George J. Leach*

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE]

No. ✓

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 17 1892
2. Name,	Joseph E. Ferrell
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	26 Years, 4 Months, 3 Days.
{ Disease or Cause of Death,	Heart Failure
{ Duration of Sickness, .	4 weeks
{ By whom certified, .	Dr. J. B. . . .
7. Residence,	Southboro, Mass.
8. Occupation,	Farmer
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	West Medford
11. Name of Father, . .	Michael S. Ferrell
12. Name of Mother, . .	Lillian M. Ferrell
13. Birthplace of Father, .	West Medford
14. Birthplace of Mother, .	West Medford
15. Place of Interment, .	West Medford
Signature of Undertaker or other person making the Return,	J. H. . . .

DATED at Southboro, on April 19 18 92

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Aug. 26, 1893
2. Name,	Edward A. Guild
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color,†	W
5. Age,	47 Years, 5 Months, 16 Days.
{ Disease or Cause of Death, (Primary and Secondary),‡	
6. { Duration of Sickness, .	
{ By whom certified, .	Henry A. Jewett Medical Ex.
7. Residence,	Southboro "Cordairle"
8. Occupation,	Blacksmith
9. Place of Death,	Southboro
10. Place of Birth,	Nova Scotia
11. Name of Father,	George Guild
12. Name of Mother, (Maiden Name),	Jennie Logan
13. Birthplace of Father, .	Nova Scotia
14. Birthplace of Mother, .	
15. Place of Interment, . .	Southboro Mass.
Signature of Undertaker or other person making the Return,	Everett L. Bridges

DATED at Southboro, on Aug 27 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Edward Augustine Guild Age, 47 yrs. - 5 mos. - 16 days.

Date and Place of Death, - died at Cordaville-Southborough, Mass. Aug. 26 18 93

Disease or Cause of Death, - of drowning Duration of Sickness instant
(by accident)

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Henry A. Jewett M.D. Medical Examiner
For Worcester County

Date of Certificate, 27 August 18 93

*Or Sex of Infant (not named).

[May, 1888.]

No. ✓

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 17 1893
2. Name,	Harry C. Jones
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	17 Years, 6 Months, 3 Days.
Disease or Cause of Death, (Primary and Secondary),‡	Heart failure
6. Duration of Sickness, .	4 1/2 weeks
By whom certified, .	
7. Residence,	249 Main St. Andover
8. Occupation,	Student
9. Place of Death, . . .	Southboro Mass
10. Place of Birth, . . .	Hyden N. Y.
11. Name of Father, . . .	Wm. E. Jones
12. Name of Mother, . . . (Maiden Name),	F. A. Butterfield
13. Birthplace of Father, .	Hudson Ohio
14. Birthplace of Mother, .	Brighton N. Y.
15. Place of Interment, .	W. A. Jones
Signature of Undertaker or other person making the Return,	Wm. E. Jones

DATED at Southboro, on Sept 20 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Harrie E. Graves. Age 17

Date and Place of Death, -

died at Southboro, Sept. 24th 1893

Disease or Cause of Death, -

of Heart disease. Duration of Sickness Long time

Chronic. Fatal attack of 24 hours duration

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J. W. Robinson, M.D., Southboro

Date of Certificate,

Sept. 25th 1893

* Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Peter Shuttleworth
Date and Place of Death, - died at Southboro Nov 29 1893
Disease or Cause of Death, - of ossification of heart Duration of Sickness 3 or 4 weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, Geo. W. Butterfield M.D.
Ashland Mass.

Date of Certificate, December 2 1893.

*Or Sex of Infant (not named).

No. _____

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Nov 29 - 1893
2. Name,	Levi Skutumpah
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	77 Years, 10 Months, 25 Days.
{ Disease or Cause of Death, (Primary and Secondary), ‡	Paralysis
6. Duration of Sickness, .	2 1/2 years
{ By whom certified, .	
7. Residence,	Scituate
8. Occupation,	
9. Place of Death, . . .	Scituate Mass
10. Place of Birth, . . .	Scituate Mass
11. Name of Father, . . .	John Skutumpah
12. Name of Mother, . . .	Margaret Skutumpah
(Maiden Name),	
13. Birthplace of Father, .	Scituate
14. Birthplace of Mother, .	Scituate Mass
15. Place of Interment, .	Scituate Mass
Signature of Undertaker or other person making the Return,	{ P. A. Skutumpah

DATED at Scituate, on Nov 29 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 5th 1887
2. Name, . . .	Charles C. Buttrick
(Maiden Name),* . . .	Drewes
3. Sex, and whether single, Married, or Widowed,	Female married
4. Color, † . . .	White
5. Age, . . .	24 Years, 5 Months, 17 Days.
6. Disease or { First or Primary Cause of { Secondary (if any) Death, { By whom certified	Typhoid fever By Dr. Buttrick
7. Residence, . . .	Southboro
8. Place of Death, . . .	Southboro
9. Occupation, . . .	
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Peter Drewes
12. Name of Mother, . . .	Sophia T. Drewes
13. Birthplace of Father, . . .	Germany
14. Birthplace of Mother, . . .	Massachusetts
15. Place of Interment, . . .	Southboro

Signature of Undertaker
or other person making
the Return, . . .

Henry Newton

DATED at Southboro on Dec 6 1887.

* If a Married Woman or Widow.

† If other than white. (A.) African; (M.) Mulatto; (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec. - 7 th - 1899
2. Name,	Grace B. Chandler
(Maiden Name),*	Grace B. Smith
(Name of Husband),*	James Chandler
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	Light
5. Age,	61 Years, 1 Months, 10 Days.
{ Disease or Cause of Death,	Paralyzed
{ Duration of Sickness, .	10 years
{ By whom certified, .	Dr Robinson
7. Residence,	Fairville
8. Occupation,	
9. Place of Death, . . .	Fairville
10. Place of Birth, . . .	Lambro-Halifax N.S.
11. Name of Father, . .	Deane Smith
12. Name of Mother, . .	Rebecca Smith
13. Birthplace of Father, .	Lambro-Halifax N.S.
14. Birthplace of Mother, .	
15. Place of Interment, .	Loughboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Loughboro, on Dec 8 1899

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Joseph Fairbank

Date and Place of Death, -

died at Falmouth Scotland Dec 9 1883

Disease or Cause of Death, -

of Progressive Paralysis Duration of Sickness 3 years

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Ashland Mass.

Date of Certificate,

December 12 1883

*Or Sex of Infant (not named).

12/11 - Am

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec-9 1893
2. Name,	Joseph Fairbanks
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	70 Years, . . . Months, 14 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Apoplexy
6. Duration of Sickness, .	three years
(By whom certified, .	
7. Residence,	Fairville Southbro
8. Occupation,	Farmer
9. Place of Death, . . .	Fairville
10. Place of Birth, . . .	Wellingham Mass
11. Name of Father, . .	Etifah Fairbanks
12. Name of Mother, . .	Nancy Adams
(Maiden Name),	
13. Birthplace of Father, .	Wellingham Mass
14. Birthplace of Mother, .	Holliston " "
15. Place of Interment, .	Southbro " "
Signature of Undertaker or other person making the Return,	J. MacFarlane

DATED at Fairville , on Dec 10 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 35

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>Dec 12</i>
2. Name, . . .	<i>Alberta S. Labossiere</i>
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	<i>Female</i>
4. Color,† . . .	
5. Age, . . .	<i>3</i> Years, - <i>9</i> Months, - <i>26</i> Days.
6. { Disease or Cause of Death, Duration of Sickness, . By whom certified, .	<i>Croup</i>
7. Residence, . . .	<i>Southboro</i>
8. Occupation, . . .	
9. Place of Death, . . .	<i>Southboro</i>
10. Place of Birth, . . .	<i>Gayville</i>
11. Name of Father, . . .	<i>Frelix A. Labossiere</i>
12. Name of Mother, . . .	<i>Victoria M. Labossiere</i>
13. Birthplace of Father, .	<i>Contrecoeur Canada</i>
14. Birthplace of Mother, .	<i>St. Ebarie Canada</i>
15. Place of Interment, .	<i>Marlboro</i>
Signature of Undertaker or other person making the Return, . . .	<i>Henry Newton</i>

DATED at *Southboro*, on *Dec 13* 18 *87*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

12/20 43 9.45 AM

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Dec 19 1893.
2. Name,	Mary F. Bourne
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Female Single
4. Color,†	
5. Age,	33 Years, 1 Months, Days.
{ Disease or Cause of Death, Duration of Sickness, . By whom certified, .	La Grippe 3 Days New Bedford.
	Teacher
	Youthful
7. Residence,	New Bedford.
8. Occupation,	Teacher
9. Place of Death,	New Bedford
10. Place of Birth,	New Bedford
11. Name of Father,	Charles J. Bourne
12. Name of Mother,	Mary F. Bourne
13. Birthplace of Father,	Rochester Mass
14. Birthplace of Mother,	Rochester Mass
15. Place of Interment,	New Bedford.
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southborough, on December 20 1893

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Michael Mitchell

Date and Place of Death, -

died at

Scuttsville Dec 17

1883

Disease or Cause of Death, -

of

Striking Heart

Duration of Sickness

10 Days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Ashland Mass.

Date of Certificate,

188

*Or Sex of Infant (not named).

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 19 1893
2. Name,	Michael Butler
(Maiden Name),* . . .	
(Name of Husband),* . . .	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	71 Years, 2 Months, 20 Days.
Disease or Cause of Death, (Primary and Secondary),‡	Paralysis
6. Duration of Sickness, . . .	10 Days
By whom certified, . . .	
7. Residence,	Bedford Mass
8. Occupation,	Farmer
9. Place of Death,	Bedford Mass
10. Place of Birth,	Massachusetts
11. Name of Father,	John Butler
12. Name of Mother,	Elizabeth Butler
(Maiden Name),	
13. Birthplace of Father, . . .	Scotland
14. Birthplace of Mother, . . .	Scotland
15. Place of Interment,	Bedford Mass
Signature of Undertaker or other person making the Return,	W. Butler

DATED at Bedford, on Dec 21 1893

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Catherine H. Tyler

Date and Place of Death, -

died at

Southville Dec 22

1883

Disease or Cause of Death, -

of

Pneumonia

Duration of Sickness

5 Days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Ashland Mass.

Date of Certificate,

188

*Or Sex of Infant (not named).

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 22 - 1893
2. Name,	Catherine J. Sykes
(Maiden Name),*	" " Matheys
(Name of Husband),*	Wm J. Sykes
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	36 Years, - 9 Months, 21 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Phrenia
6. Duration of Sickness, .	5 Days
(By whom certified, .	
7. Residence,	Bedford Mass
8. Occupation,	House Wife
9. Place of Death,	Bedford
10. Place of Birth,	Hickman Mass
11. Name of Father,	Chas. Matheys
12. Name of Mother,	Margaret M. Gifford
(Maiden Name),	
13. Birthplace of Father, .	Ireland - -
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Bedford Mass
Signature of Undertaker or other person making the Return,	J. R. Hayford
DATED at Bedford, on Dec 22, 1893	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 1

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . Jan 2 1894
 2. Name, . . . Mary Cires Newton
 (Maiden Name),* . . . Cires
 (Name of Husband),* . . . Naham Newton
 3. Sex, and whether single,
 Married, or Widowed, . . . Widowed
 4. Color,† . . .
 5. Age, . . . 84 Years, . . . Months, 15 Days.
 (Disease or Cause of Death, . . . Old age
 6. { Duration of Sickness, . . . 8 years
 { By whom certified, . . .
 7. Residence, . . . Southboro mass
 8. Occupation, . . . Retired Ladie
 9. Place of Death, . . . Southboro mass
 10. Place of Birth, . . . Charlestown Mass
 11. Name of Father, . . . Amos Cires
 12. Name of Mother, . . . Mary Fensinger
 13. Birthplace of Father, . . . Charlestown Mass
 14. Birthplace of Mother, . . .
 15. Place of Interment, . . . Southboro Mass

Signature of Undertaker
 or other person making
 the Return, . . .

} Mr Macfarland

DATED at Southboro, on Jan 3 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Mary Jane Martin

Date and Place of Death, -

died at

Brookfield Jan 2

1884

Disease or Cause of Death, -

of

Old age

Duration of Sickness

8 years

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Ashland Mass.

Date of Certificate,

188

*Or Sex of Infant (not named).

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH.

Date of Death, Jan 8 - 1887

Name, John P. Kelly

Maiden Name,* _____ Sex, M.

Married, single or widow, single wife of James M. Smith

Color, W Age, $\left\{ \begin{array}{l} \text{25 years,} \\ \text{1 months,} \\ \text{7 days,} \end{array} \right.$

Residence, Southborough Mass.

Place of death, Street and No. *Lythbrough N^o 1* Ward,

Place of Birth, Upton Mass. Occupation, Farmer

Name of Mother, Margaret Maiden Name, Garney

Name of Father, John

Birthplace of Father, Ireland

Birthplace of Mother, 1112 1/2 St. N. W. Wash. D. C.

Place of Interment,† F. C. Cemetery Marlborough

*If a married woman or a widow. †Give the name of the burial ground.

*Signature of Undertaker or other person
making the return.*

F. A. McGill

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name of Deceased, John P. Lally Maryborough, Jan 5 1894

Date and Place of Death, *Nov. 3 '94 Southboro Mass.*

Disease or Cause of Death, Catarrhal Pneumonia *duration of 12 day

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, St E Smyth Co. D. Marlboro Mass.

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE]

No. 3

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Jan - 15 - 1894
2. Name,	Marick Mark
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	43 Years, Months, Days.
{ Disease or Cause of Death, (Primary and Secondary),†	Legionary
6. { Duration of Sickness, .	one week
{ By whom certified, .	
7. Residence,	Canton Mass
8. Occupation,	Common Laborer
9. Place of Death, . . .	Canton Mass
10. Place of Birth, . . .	Ireland
11. Name of Father, . .	Michael Marick
12. Name of Mother, . .	Marick Mary
(Maiden Name),	
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	" " " "
15. Place of Interment, .	" " " "
Signature of Undertaker or other person making the Return,	W. H. Macfarlane

DATED at Canton, on Jan 15 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Mr. Patrick Welch

Date and Place of Death, -

died at Endsville. (Southmo) Jan. 15 1894

Disease or Cause of Death, -

of La Grippe Duration of Sickness 8-11 Weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield, M.D.

Date of Certificate,

Jan. 16

1894

*Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - Martin Chung
Date and Place of Death, - died at Southtown Jan. 26th 1894
Disease or Cause of Death, - of La Grippe Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician L. W. Butterfield M.D.

Date of Certificate, Jan. 27 1894

* Or Sex of Infant (not named).

143
No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Jan - 21 - 1894
2. Name,	Martin Cherrish
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	70 Years, 4 Months, Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Emphysema Disease
6. Duration of Sickness,	One Year
(By whom certified,	
7. Residence,	Southboro Mass
8. Occupation,	Retired Justice
9. Place of Death,	Southboro
10. Place of Birth,	Princeton Mass
11. Name of Father,	Edwin Cherrish
12. Name of Mother, (Maiden Name),	Marcella Rice
13. Birthplace of Father,	Newton Mass
14. Birthplace of Mother,	Rutland Mass
15. Place of Interment,	Southboro " "
Signature of Undertaker or other person making the Return,	W R Cherrish

DATED at Southboro, on Jan 27 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 5

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb. 27th. 1894.
2. Name,	Daniel Brown
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 3 Months, 9 Days.
{ Disease or Cause of Death,	Broncho pneumonia
{ Duration of Sickness, .	
{ By whom certified, .	J. M. Smith
7. Residence,	
8. Occupation,	
9. Place of Death, . . .	
10. Place of Birth, . . .	
11. Name of Father, . . .	John F. Brown
12. Name of Mother, . . .	Minnie (Gordon)
13. Birthplace of Father, .	Ms.
14. Birthplace of Mother, .	Ms.
15. Place of Interment, .	
Signature of Undertaker or other person making the Return,	Henry A. Smith

DATED at Malden, on March 1st, 1894

* If a Married Woman or Widow.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
[Be very particular to fill all Blanks.]

No. 6

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 1st 1894
2. Name,	Gertrude Rachel Buck
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 03 Months, 2 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Anti-Meningitis
6. Duration of Sickness, .	48 hours
(By whom certified, .	Dr. J. H. Robinson
7. Residence,	Southborough Mass
8. Occupation,	
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	"
11. Name of Father, . .	Wallace B Buck
12. Name of Mother, . .	Ellen M (Brewer)
(Maiden Name),	
13. Birthplace of Father, .	Southboro
14. Birthplace of Mother, .	"
15. Place of Interment, .	"
Signature of Undertaker or other person making the Return,	} W B Buck

DATED at Southboro, on March 2nd 1894.* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

118
Gertrude R. Buck.

Died

March 22 1894

Aged three months and two days.

Cause of death

Acute Meningitis.

J. H. Robinson, M. D.

No. 7

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>March 14</i>
2. Name,	<i>Daniel S. Whitney</i>
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	<i>Married</i>
4. Color,†	
5. Age,	<i>84 Years, 1 Months, 10 Days.</i>
(Disease or Cause of Death,	<i>Inflammation of Kidneys</i>
6. Duration of Sickness, .	<i>Eight days.</i>
(By whom certified, .	
7. Residence,	<i>Southboro</i>
8. Occupation,	
9. Place of Death,	<i>Southboro</i>
10. Place of Birth,	<i>Ware Mass</i>
11. Name of Father, . . .	<i>Amaziah</i>
12. Name of Mother, . . .	<i>Sarah (Drill) Whitney</i>
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, . .	<i>Southboro</i>
Signature of Undertaker or other person making the Return,	<i>Henry Newton</i>

DATED at *Southboro*, on *March 15* 18 *94*

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. _____

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *March 20th 1894.*
2. Name, *Frank Laville*
 (Maiden Name),* . . .
 (Name of Husband),* . . .
3. Sex, and whether single, *S.*
 Married, or Widowed, . . .
4. Color,†
5. Age, *6* Years, . . . Months, . . . Days.
6. { Disease or Cause of Death, *Scarlet Fever*
 (Primary and Secondary),‡
 { Duration of Sickness, . . .
 { By whom certified, . . . *Dr. J. H. Robinson*
7. Residence, *South Town,*
8. Occupation,
9. Place of Death, *South Town*
10. Place of Birth,
11. Name of Father, *John*
12. Name of Mother, *Mary*
 (Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment, *Waltham.*

Signature of Undertaker
 or other person making
 the Return,

} Return made by father.

DATED at *South Town*, on *March 20th* 1894.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

#9

Joseph Lavelle, age 11 years.
died March 22 1894
of Scarlet Fever.

J. H. Robinson, M. D.

South. Prov. March 22 1894

son of John Lavelle

No. 12

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

- March 24 1894
Hamletta Lovell
1. Date of Death, . . .
2. Name,
 (Maiden Name),*
 (Name of Husband),*
3. Sex, and whether single,
 Married, or Widowed,
4. Color, †
5. Age, 9 Years, 10 Months, 5 Days.
6. { Disease or Cause of Death,
 (Primary and Secondary), ‡
 Duration of Sickness,
 By whom certified, Job Robinson M.D.
Southboro.
7. Residence,
8. Occupation,
9. Place of Death; Southboro.
10. Place of Birth, John
11. Name of Father,
12. Name of Mother,
 (Maiden Name),
13. Birthplace of Father,
14. Birthplace of Mother,
15. Place of Interment, Marbleboro.

Signature of Undertaker
 or other person making
 the Return,

} Return made by father.

DATED at, on March 24 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.



Henrietta Lovell, age 9 years

died

March 27th of Scarlet Fever

J. H. Robinson M. D.

Southport, March 24th 1894

No. 11

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . March, 24 - 1894
2. Name, John Laville
 (Maiden Name),* . . .
 (Name of Husband),* . . .
3. Sex, and whether single,
 Married, or Widowed, . . .
4. Color, †
5. Age, 13 Years, . . . Months, . . . Days.
6. { Disease or Cause of Death,
 (Primary and Secondary), †
 Duration of Sickness, . . .
 By whom certified, . . . J. H. Robinson M.D.
7. Residence, South ton.
8. Occupation,
9. Place of Death, . . . South ton.
10. Place of Birth, . . .
11. Name of Father, . . . John Laville
12. Name of Mother, . . . (Males.)
 (Maiden Name), . . .
13. Birthplace of Father, . . .
14. Birthplace of Mother, . . .
15. Place of Interment, . . .

Signature of Undertaker
 or other person making
 the Return,

} made by Jerry Leahy

DATED at South ton, on March 25 1894.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

115 Born Aug. 23 1881 - 12 - 7 - 1

Johnie Saville

and
died March 13th 1894
of Scarlet Fever.
J. H. Robinson M.D.

31 27-12-10

Commonwealth of Massachusetts.

No. 10

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 24 - 1894
2. Name,	Hannah Gardner
(Maiden Name),*	Hannah Bacey
(Name of Husband),*	Samuel Gardner
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	85 Years, Months, Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Old Age
6. Duration of Sickness, .	6 months
(By whom certified, .	Dr Butterfield. Ashland
7. Residence,	Southboro
8. Occupation,	
9. Place of Death, . . .	Grayville - Southboro
10. Place of Birth, . . .	East Freechurch N.J.
11. Name of Father, . . .	Edwin Bacey
12. Name of Mother, . . .	Sarah Bacey
(Maiden Name),	
13. Birthplace of Father, .	North Kingston R.I.
14. Birthplace of Mother, .	East Greenwich
15. Place of Interment, .	Worcester
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro , on March 26 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Yeanukh Gordin. Age, 85

Date and Place of Death,† -

died at Southwold (Proville) Mass Mar 2nd 1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Old Age

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Vintonfield M.D. Ashland Mass.

Date of Certificate,

Mar. 25 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

No. 13

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 27 1894
2. Name,	John Collins
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	80 Years, - 6 Months, - 18 Days.
(Disease or Cause of Death, (Primary and Secondary),†	Pneumonia
6. { Duration of Sickness, .	8 Days
{ By whom certified, .	Dr. J. K. Butterfield
7. Residence,	Scituate Mass
8. Occupation,	Farmer
9. Place of Death,	Scituate
10. Place of Birth,	" " "
11. Name of Father, . . .	Amos Collins
12. Name of Mother, . . .	Polly Ambler Ellis
(Maiden Name),	Scituate
13. Birthplace of Father, .	Scituate
14. Birthplace of Mother, .	" " "
15. Place of Interment, .	Scituate Mass
Signature of Undertaker or other person making the Return,	Wm. R. Macfarland
DATED at <u>Scituate</u> , on <u>March 28</u> 18 <u>94</u>	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Wm Collins

Date and Place of Death, -

died at

South Cove Mar 23 1894

Disease or Cause of Death, -

of

Pneumonia Duration of Sickness 8 Days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

J W Butterfield M.D. Ashland

Date of Certificate,

Mar 28 1894

* Or Sex of Infant (not named).

Name of Deceased,* - - -

Julia A. Sullivan

Date and Place of Death, - -

died at Southborough Mass., April 17th 1894

Disease or Cause of Death, -

of Pulmonary Consumption Duration of Sickness seven weeks
induced probably from septicaemia following childbirth

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

Westborough Mass. L. S. Bradley

Date of Certificate,

April 17th 1894

* Or Sex of Infant (not named).

No. _____

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 17-94
2. Name,	Julia A. Sullivan
(Maiden Name),*	Murphy
(Name of Husband),*	John
3. Sex, and whether single, Married, or Widowed,	F. M. W.
4. Color,†	W
5. Age,	30 Years, . . . Months, . . . Days.
(Disease or Cause of Death,	
6. {Duration of Sickness, .	
{By whom certified, .	
7. Residence,	Southborough Mass
8. Occupation,	
9. Place of Death,	Southborough Mass
10. Place of Birth,	Ireland
11. Name of Father,	John
12. Name of Mother,	Kate O'Keefe
13. Birthplace of Father, . .	Ireland
14. Birthplace of Mother, .	
15. Place of Interment, . .	Marlborough Mass
Signature of Undertaker or other person making the Return,	H. A. McGill

DATED at _____, on Apr. 19 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 15 1874
2. Name,	Joseph Francis Curran
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	— Years, — Months, 14 Days.
6. { Disease or Cause of Death, (Primary and Secondary),‡	
{ Duration of Sickness, .	
{ By whom certified, .	
7. Residence,	Southampton
8. Occupation,	
9. Place of Death,	"
10. Place of Birth,	
11. Name of Father,	John J.
12. Name of Mother,	Mrs. F. J. Curran
(Maiden Name),	
13. Birthplace of Father,	England
14. Birthplace of Mother,	England
15. Place of Interment,	
Signature of Undertaker or other person making the Return,	}

DATED at, on 18 .

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Aug. 1894. — 5,000.

No. 16

RETURN OF A DEATH.

To the Clerk of the Town in _____ the Death occurred.

1. Date of Death, . . .	May 30 1894
2. Name,	Ernest H. Hagg
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male Single
4. Color, †	W
5. Age,	21 Years, 6 Months, 7 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Diabetic
6. Duration of Sickness, .	
(By whom certified, .	Geo. W. Butterfield, M.D.
7. Residence,	Southboro (Southville)
8. Occupation,	Mill operative
9. Place of Death, . . .	Southboro "
10. Place of Birth, . . .	Springfield Mass
11. Name of Father, . .	James Henry Hagg
12. Name of Mother, . .	Mary J. (Hooper)
(Maiden Name),	"
13. Birthplace of Father, .	Boston Mass
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	E. L. Wood Henry Newton Dean

DATED at Southboro, on May 31 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec. 1893. — 5,000.

No. 17

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 1 st 1894
2. Name,	Thomas Cuneen
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	M.
Married, or Widowed,	
4. Color,†	W
5. Age,	39 Years, 2 Months, 15 Days.
(Disease or Cause of Death,	Consumption
6. { Duration of Sickness, .	
{ By whom certified, .	
7. Residence,	
8. Occupation,	
9. Place of Death, . . .	
10. Place of Birth, . . .	Southborough Mass
11. Name of Father, . .	Michael
12. Name of Mother, . .	Miriam Kefferty
13. Birthplace of Father, .	Ireland
14. Birthplace of Mother, .	"
15. Place of Interment, .	Marlborough I.C. Cemetery
Signature of Undertaker or other person making the Return,	F. A. McGill

DATED at, on June 3 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Feb. 1890—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Frank Gaughan

Date and Place of Death, -

died at Southboro. June 4 1894

Disease or Cause of Death, -

of Pneumonia Duration of Sickness One week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Geo. W. Butterfield M.D.,

Ashland Mass

Date of Certificate,

June 5 1894.

*Or Sex of Infant (not named).

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Ernest H. Hagg -

Age, 21 yrs

Date and Place of Death,† -

died at Southboro (Southville) May 30 1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Diabetes

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butterfield, M.D., Southboro, Mass.

Date of Certificate,

May 31. 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

No. 18

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 4, 1894
2. Name,	Frank Coughlan
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Single
Married, or Widowed,	
4. Color,†	
5. Age,	28 Years, . . . Months, . . . Days.
(Disease or Cause of Death,	
6. { Duration of Sickness;	One week
{ By whom certified,	Dr. Geo. W. Bullifitt
7. Residence,	Clinton, Mass.
8. Occupation,	Laborer
9. Place of Death,	Southton
10. Place of Birth,	Clinton
11. Name of Father,	Frank
12. Name of Mother,	Sarah Kane
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	Ireland
15. Place of Interment,	Clinton
Signature of Undertaker or other person making the Return,	J. Murphy

DATED at Southton, on June 5, 1894

* If a Married Woman or Widow.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.
 [Be very particular to fill all Blanks.]

Burial Permit,

And Permit for Removal.

Westboro June 5 189*4*
 (City or Town.) (Date.)

All the preliminary requirements of law having been complied with,
 permission is hereby given to *W. R. McFarland* for the removal
 from *Westboro*, and the interment at *Southboro* of
 (To be filled out in case of removal.)
 the body of *Charles M. Bickford* who died at *Westboro*
 Number _____ Street, on the *5th* day of *June* 189*4*,
 aged *35* years, _____ months, _____ days.

Henry L. Chase Ag't Bd of Health.
 (Signature of Agent of Board of Health, or, in towns where there is no Board of Health, of Town Clerk.)

No. 19

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . June 11, 1894

2. Name, . . . Winifred A. Casperator
(Maiden Name),*
(Name of Husband),* Bartholomew Casperator

3. Sex, and whether single, single
Married, or Widowed,

4. Color,† . . . White

5. Age, . . . 5 Years, 6 Months, Days.

(Disease or Cause of Death,
(Primary and Secondary),‡

6. Duration of Sickness, .
(By whom certified, . Dr. Bradley

7. Residence, . . . Southton

8. Occupation, . . .

9. Place of Death, . . . Southton Mass.

10. Place of Birth, . . . Southton Mass.

11. Name of Father, . . . Bartholomew Casperator

12. Name of Mother, . . . Mary Harmon
(Maiden Name),

13. Birthplace of Father, . . . New York City

14. Birthplace of Mother, . . . Ireland

15. Place of Interment, . . . Wapkesett Mass.

Signature of Undertaker
or other person making
the Return, . . . } J. F. Callahan

DATED at Southton, on June 12th 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - -

Winifred Agnes Carpenter Sup. Conn.

Date and Place of Death, -

died at Southboro June 11th 1894

Disease or Cause of Death, -

of Heart disease Duration of Sickness about three mos.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician

S. S. Bradley Westborough Mass.

Date of Certificate,

June 12th 1894

* Or Sex of Infant (not named).

No. 50

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	June 15 1894
2. Name,	Wm L Orne
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widowed
4. Color,†	
5. Age,	61 Years, 5 Months, Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Cancer of Stomach
6. Duration of Sickness,	2 1/2 months
(By whom certified,	
7. Residence,	Southwick
8. Occupation,	Farmer
9. Place of Death,	Southwick
10. Place of Birth,	Bellon MA
11. Name of Father,	John Orne
12. Name of Mother,	Margaret Horton
(Maiden Name),	Bellon MA
13. Birthplace of Father,	MA
14. Birthplace of Mother,	MA
15. Place of Interment,	Cambridge Mass
Signature of Undertaker or other person making the Return,	Wm L Macfarlane

DATED at Southwick, on June 15 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 4
2. Name,	John Simon
(Maiden Name),* . .	
(Name of Husband),* .	
3. Sex, and whether single, Married, or Widowed,	single
4. Color,†	
5. Age,	27 Years, . . . Months, . . . Days.
(Disease or Cause of Death,	Killed while
6. Duration of Sickness, .	in railroad
By whom certified, . .	
7. Residence,	
8. Occupation,	Labour
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	Chilmark
11. Name of Father, . . .	John Simon
12. Name of Mother, . . .	
13. Birthplace of Father, .	Chilmark
14. Birthplace of Mother, .	
15. Place of Interment, .	Southboro
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on July 4, 1896.

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 22

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 23 / 1894
2. Name,	Harold C. Berry
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	1 Years, 21 Months, 21 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Wagoner's
6. Duration of Sickness, .	18 Hours
(By whom certified, .	
7. Residence,	Cardwell Mass
8. Occupation,	
9. Place of Death, . . .	Cardwell
10. Place of Birth, . . .	" "
11. Name of Father, . .	Harington H. Berry
12. Name of Mother, . .	David's
(Maiden Name),	
13. Birthplace of Father, .	Lyann's Mass
14. Birthplace of Mother, .	Lyann's Mass
15. Place of Interment, .	Lyann's Mass
Signature of Undertaker or other person making the Return,	H. C. Berry

DATED at Cardwell, on July 24 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Harold C. Berry

Age, 1 yr 21 days

Date and Place of Death,† -

died at Southbro. July 24

1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Meningitis

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Date of Certificate,

July 25

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

No. 21

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . July 31 - 1894

2. Name, May E. Rice
 (Maiden Name),* " " " Chamberlain
 (Name of Husband),* Edwin L. Rice

3. Sex, and whether single,
 Married, or Widowed, Married

4. Color,†

5. Age, 23 Years, 3 Months, 7 Days.

6. (Disease or Cause of Death,
 (Primary and Secondary),‡
 Duration of Sickness, Tuberculosis of Bowels
27 Months
 By whom certified,

7. Residence, Berlin, South

8. Occupation, House Wife

9. Place of Death, Berlin, South

10. Place of Birth, South

11. Name of Father, George Chamberlain

12. Name of Mother, Emily E. Stone
 (Maiden Name),

13. Birthplace of Father, South

14. Birthplace of Mother, Berlin

15. Place of Interment, South

Signature of Undertaker
 or other person making
 the Return,

} Wm R. Chamberlain

DATED at Berlin, on July - 31 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Mary C. Page

Age, 23 yr. 3 mo. - 7 da.

Date and Place of Death,† -

died at

Southma July 3,

1894.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of

Tuberculosis of Bowels

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Date of Certificate,

July 31

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the _____ of _____
(City or Town.)

during the month of _____ 18 ____.

1. Date of Death,	Aug 1, 1894
2. Name,	Mary Elizabeth Sullivan
(Maiden Name),	
(Name of Husband),	
3. Sex, and whether single,	
Married, or Widowed,	
4. Color,	
5. Age,	— Years, 5 Months, 3 Days.
(Disease or Cause of Death,	(Nothing)
6. Duration of Sickness,	24 2 days
(By whom certified,	
7. Residence,	Somerton
8. Occupation,	
9. Place of Death,	"
10. Place of Birth,	
11. Name of Father,	John F.
12. Name of Mother,	Julia (Murphy)
(Maiden Name.)	
13. Birthplace of Father,	Somerton
14. Birthplace of Mother,	
15. Place of Interment,	Marathon Mass

I certify that the foregoing is a true copy.

Attest:

_____ 18 ____

(City or Town.) Clerk.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Stephen Cantello Age, 54 yrs
Date and Place of Death,† - died at Southboro Aug. 7 1894.
Disease or Cause of Death, - of Rheumatism of Heart
(Primary and Secondary.)‡
Duration of Sickness, - - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Geo. W. Butterfield M.D.

Date of Certificate, Aug. 8 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 7 th 1894
2. Name,	Stephen Cantello
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Widower
4. Color,†	White
5. Age,	57 Years, Months, Days.
Disease or Cause of Death, (Primary and Secondary),‡	Rheumatism
6. Duration of Sickness, .	3 Days
(By whom certified, .	Dr Butterfield
7. Residence,	Lynn Mass
8. Occupation,	Carpenter - Soldier in the Rebellion
9. Place of Death,	Lynn Mass
10. Place of Birth,	Bradford England
11. Name of Father, . . .	William Cantello
12. Name of Mother, . . . (Maiden Name),	
13. Birthplace of Father, .	Bradford England
14. Birthplace of Mother, .	Bradford England
15. Place of Interment, .	Southboro Mass
Signature of Undertaker or other person making the Return,	Y ^o Henry Newton

DATED at Southboro , on Aug 9 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Joseph L. Burnett

Age,

73 $\frac{1}{2}$

Date and Place of Death,†

died at Southboro, Aug. 11.

1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Accident

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. H. Robinson M.D.

Date of Certificate,

Southboro, Aug. 14 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

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No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 11 1894
2. Name,	Joseph Burnett
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	male married
4. Color,†	—
5. Age,	72 Years, 9 Months, — Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Accident
6. { Duration of Sickness, .	2 hours
(By whom certified, .	Dr J H Robinson
7. Residence,	Southborough
8. Occupation,	Chemist
9. Place of Death,	Southborough
10. Place of Birth,	Southborough
11. Name of Father,	Charles Ripley Burnett
12. Name of Mother,	Kezia Pond
(Maiden Name),	
13. Birthplace of Father, .	Southborough
14. Birthplace of Mother, .	Franklin Mass.
15. Place of Interment, . .	Southborough
Signature of Undertaker or other person making the Return,	} Henry Newton

DATED at Southboro, on Aug 14 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 25

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 15 - 1894.
2. Name,	Maggie Pender.
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 9. Months, 27. Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Cholera Intestinalis
6. Duration of Sickness, .	2 days.
By whom certified, .	Dr. Bulfinch - Fayville
7. Residence,	
8. Occupation,	
9. Place of Death, . . .	"
10. Place of Birth, . . .	Boston
11. Name of Father, . .	Wm Pender
12. Name of Mother, . .	Latie (Mackey)
(Maiden Name),	
13. Birthplace of Father, .	St. John N.H.
14. Birthplace of Mother, .	Free Green N.H.
15. Place of Interment, .	Malden -
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Fayville, on Aug 15 - 1894.* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Sarah Hewton

Age, *55 yrs. 8 mos. 9 ds*

Date and Place of Death,† -

died at *Southboro. Mass. Aug. 19*

1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of *Chorea of Spinal Meningeal*

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Burton Field M.D.

Date of Certificate,

Aug. 19

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

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Acquainted

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 19
2. Name,	Sarah E. Newton
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	55 Years, 8 Months, 9 Days.
Disease or Cause of Death, (Primary and Secondary),‡	Chronic Spinal Meningitis
6. Duration of Sickness, .	3 mo.
By whom certified, .	Geo. W. Butterfield M.D.
7. Residence,	Southboro
8. Occupation,	House keeper
9. Place of Death, . . .	Gazette - Southboro
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Russell Newton
12. Name of Mother, . . . (Maiden Name),	Ann Newton
13. Birthplace of Father, .	Southboro
14. Birthplace of Mother, .	14
15. Place of Interment, .	11
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Aug 20 18 94

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.

Date of Death, *Aug 19th 1894*
 Name, *Harold Powland Macnam*
 Maiden Name, * _____ Sex, *Male*
 Married, single or widow, *Single* wife of _____
 Color, *White* Age, { _____ years.
 { *11* months.
 { *20* days.
 Residence, *Fayville Mass*
 Place of death, Street and No. *"* *"* Ward, _____
 Place of birth, *"* *"* Occupation, _____
 Name of mother, *Mary* Maiden name, *Churchill*
 Name of father, *George S Macnam*
 Birthplace of father, *Barnstable Mass*
 Birthplace of mother, *Nova Scotia*
 Place of interment, † *Canada*

*If a married woman or widow.

†Give the name of the burial ground.

Signature of Undertaker or other person
 making the return.

J. Frank Child

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Marlborough, Mass., *Aug 20* 1894
 Name of Deceased, *Harold Powland Macnam*
 Date and Place of Death, *Augst 19 - 94 Fayville Mass*
 Disease or Cause of Death, *Cholera infantum* *duration of *three days*

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, *George J Searle & Newton St Marlboro Mass*

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE.]

Kept on ledge

Burial Permit,

(And Certificate of Registry.)

Permission is hereby given to

Samuel Livingstone for the Interment

at *Pa*, of the body of *Frank A. Livingstone*

who died at *Southton, Mass* [Number . Street,] on the day

of 188 , aged years, months, days : — the facts required by ~~chapter~~

~~twenty-one of the General Statutes~~ having been returned and recorded.

..... Town Clerk.

Dated at

Aug. 27

188 .

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Francis Livingston, about
 Age, 33
 Date and Place of Death,† - died at Southborough, Mass Aug 27, 1894.
 Disease or Cause of Death, - of Killed on R.R. Ledge
 (Primary and Secondary.)‡
 Duration of Sickness, - - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, W. A. Jewett M.D. Med. Examiner
 Date of Certificate, Aug. 27th 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Name unknown* Age, *24 years.*
 Date and Place of Death,† - *Southbury Conn. on the 27th Aug. at 9 o'clock* Should judge
 died at *Found dead 1/2 mile east of Sept* 1894.
 Disease or Cause of Death, - of *Probably fell from the train in motion*
 (Primary and Secondary.)‡
 Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician *Henry A. Jewett M.D. Med. Examiner*

Date of Certificate, *Aug. 27th* 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

No. 29

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 25 1894
2. Name,	Wm. W. W.
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	unknown
Married, or Widowed,	unknown
4. Color,†	White
5. Age,	25 Years, . . . Months, . . . Days.
(Disease or Cause of Death, (Primary and Secondary),‡	tell from train
6. Duration of Sickness, .	
(By whom certified, .	
7. Residence,	unknown
8. Occupation,	"
9. Place of Death,	Carroll's South Side road
10. Place of Birth,	unknown
11. Name of Father,	" "
12. Name of Mother,	" "
(Maiden Name),	
13. Birthplace of Father, .	" "
14. Birthplace of Mother, .	" "
15. Place of Interment, . .	South Side Mass
Signature of Undertaker or other person making the Return,	Wm. W. W.

DATED at Carroll, on Aug - 25 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Emily Blair

Age, 46 yr. 2 mo 24 ds

Date and Place of Death,†

died at Fort Howard May Aug. 28 1894.

Disease or Cause of Death, -

(Primary and Secondary)‡

of Consumption

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. M. Bullenfield M.D.

Date of Certificate,

Aug. 29, 1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

#31

152

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 28. 1894
2. Name,	Emily Augusta Blair
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Single
4. Color,†	
5. Age,	46 Years, 2 Months, 24 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Consumption
6. { Duration of Sickness, .	
{ By whom certified, .	Geo. W. Butterfield M.D.
7. Residence,	Fairville, Mass.
8. Occupation,	
9. Place of Death,	Fairville.
10. Place of Birth,	Fairville.
11. Name of Father, . . .	John Blair
12. Name of Mother, . . .	Eliza (Thursford)
(Maiden Name),	
13. Birthplace of Father, .	Petersborough, N. H.
14. Birthplace of Mother, .	Frammingham Mass.
15. Place of Interment, .	Southborough Mass.
Signature of Undertaker or other person making the Return,	Henry Newton

DATED at Southboro, on Aug 30 18 94

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

John James O'Brien

Age, 3 months 15 days

Date and Place of Death,† -

died at Southward, Sept. 4

1894.

Disease or Cause of Death, -
(Primary and Secondary.)‡

of Cholera Infantum

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Wm. B. Butterfield M.D. Ashland Mass.

Date of Certificate,

Sept. 6

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

No. 33

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 5/89
2. Name,	John F. Brown
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	Years, 7 Months, 15 Days.
(Disease or Cause of Death,	
6. (Duration of Sickness, .	
(By whom certified, .	
7. Residence,	
8. Occupation,	
9. Place of Death,	
10. Place of Birth,	
11. Name of Father,	James Brown
12. Name of Mother,	Margaret Brown
13. Birthplace of Father,	Mass.
14. Birthplace of Mother,	Mass.
15. Place of Interment,	Mass.
Signature of Undertaker or other person making the Return,	

DATED at, on Sept 6 1899

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Ed. June, 1889. 5-M.

No. 34

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 11 1894
2. Name,	Mary L Biskner
(Maiden Name),*	Gamarke
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	
4. Color,†	
5. Age,	1 Years, 2 Months, Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Cholera Infantum
6. Duration of Sickness, .	2 Days
(By whom certified, .	
7. Residence,	Southboro Mass
8. Occupation,	
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	"
11. Name of Father, . . .	John Biskner
12. Name of Mother, . . .	Galia Githam
(Maiden Name),	Cernada
13. Birthplace of Father, .	
14. Birthplace of Mother, .	"
15. Place of Interment, .	Westboro Mass
Signature of Undertaker or other person making the Return,	Wm R Macfarlane
DATED at <u>Southboro</u> , on <u>Sept 11</u> 18 <u>94</u>	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Aug. 1894.—5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - Mary L Gamache
Date and Place of Death, - died at Southbury Sept. 11, 1894,
Disease or Cause of Death, - of Meningitis Duration of Sickness 2 Days
Age 1 year 2 months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician Geo. W. Butterfield M.D. Ashland Mass
Date of Certificate, Sept. 12 1894

* Or Sex of Infant (not named).

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Delia E. Heary

Age,

19

Date and Place of Death, -

died at

Southboro Mass.

Sept. 18, 1894

Disease or Cause of Death, -

of

Consumption

Duration of Sickness

About 6 mos.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

J. E. Smith M.D. Marlboro;

Date of Certificate,

Sept. 20, 1894

*Or Sex of Infant (not named).

[Ed. — 10 M — Oct. 9, 1889.]

[May, 1888.]

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 15 - 1894
2. Name,	Delia E. Vearry
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	F.
4. Color,†	W.
5. Age,	19 Years, 2 Months, 26 Days.
{ Disease or Cause of Death,	Consumption
{ Duration of Sickness, .	About 6 mos.
{ By whom certified, .	W. E. Sumner, M.D.
7. Residence,	Southboro Mass
8. Occupation,	
9. Place of Death,	Southboro Mass
10. Place of Birth,	"
11. Name of Father,	John
12. Name of Mother,	Bridget Moran
13. Birthplace of Father,	Ireland
14. Birthplace of Mother,	"
15. Place of Interment,	S. C. Cemetery Marlboro
Signature of Undertaker or other person making the Return,	H. A. McGee Marlboro Mass

DATED at _____, on Sept 21 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

No. 36

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 23 1894
2. Name,	Joe Shotton
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,†	
5. Age,	2 Years, 2 Months, 15 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Erysipelas
6. Duration of Sickness, .	14 Days
(By whom certified, .	
7. Residence,	100 Main St
8. Occupation,	Undertaker
9. Place of Death, . . .	100 Main St
10. Place of Birth, . . .	Worcester
11. Name of Father, . .	John Shotton
12. Name of Mother, . .	Elizabeth
(Maiden Name),	
13. Birthplace of Father, .	Worcester
14. Birthplace of Mother, .	
15. Place of Interment, .	Worcester
Signature of Undertaker or other person making the Return,	J. C. Shotton

DATED at Worcester, on Sept 23 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

No. *A 2074*

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *Oct. 2d 1894*
 2. Name, . . . *Jeremiah McCarthy*
 (Maiden Name),* . . .
 (Name of Husband),* . . .
 3. Sex, and whether single,
 Married, or Widowed, . . .
 4. Color,† . . .
 5. Age, . . . *55* Years, . . . Months, . . . Days.
 { Disease or Cause of Death, *Killed on railroad*
 6. { Duration of Sickness, . . . *Instant*
 { By whom certified, . . . *Henry A. Jewett*
 7. Residence, . . . *Southboro*
 8. Occupation, . . . *Laborer on B. & N. R.*
 9. Place of Death, . . . *Southboro*
 10. Place of Birth, . . . *Cork, Ireland*
 11. Name of Father, . . . *Daniel McCarthy*
 12. Name of Mother, . . . *Juliana McCarthy*
 13. Birthplace of Father, . . . *Cork Ireland*
 14. Birthplace of Mother, . . . *Bundoo Ireland*
 15. Place of Interment, . . . *So. Framingham Mass*

Signature of Undertaker
 or other person making
 the Return, . . .

} *Henry Newton*
 } *Hattie Sponghere*

DATED at *Southboro*, on *Oct. 5th* 1894

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Commonwealth of Massachusetts.

No. 41

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct 2 ^d 1894
2. Name, . . .	Jeremiah McCarthy
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single, Married, or Widowed,	Unknown
4. Color,† . . .	
5. Age, . . .	Thirtysix 65 Years, . . . Months, . . . Days.
Disease or Cause of Death	Accident on rail road
6. Duration of Sickness, .	Instant Death
By whom certified, .	Dr. Jewett
7. Residence, . . .	
8. Occupation, . . .	Laborer on B. & N.
9. Place of Death, . . .	Southboro
10. Place of Birth, . . .	
11. Name of Father, . . .	
12. Name of Mother, . . .	Unknown
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, . .	Southboro
Signature of Undertaker or other person making the Return, . . .	Glenz Newton

DATED at Southboro, on Oct 5th 18 94

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

mm

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Jeremiah M. Carty ——— about
Age, 65 years

Date and Place of Death, -

died at Southborough, Mass. Oct. 2^d 1894.

Disease or Cause of Death, -

of Killed on the Duration of Sickness
Railroad at Fayville, Southboro, Mass.

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

Henry A. Jewett M. D. Med. Examiner
Thorncaster County,

Date of Certificate,

Oct. 2^d 1894

*Or Sex of Infant (not named).

[May, 1888.]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Marlborough, Mass., Oct 6 1892

Name of Deceased,

Kate Barker

Date and Place of Death,

Southboro

Disease or Cause of Death,

Dysentery

*duration of 7 days

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence,

Dr. J. D. Matthews
Marlborough

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE.]

Mr. Kate Barker

No. of Permit.....

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.

Date of Death,

Oct 5th 1894

Name,

Katie Bunker

Maiden Name,*

—

Sex,

F

Married, single or widow,

—

wife of

—

Color,

W

Age,

12

years.

6

months.

9

days.

Residence,

Southboro

Place of death, Street and No.

Southboro

Ward,

Place of birth,

Clinton

Occupation,

—

Name of mother,

Kate Bunker

Maiden name,

X (Hester)

Name of father,

George Bunker

Birthplace of father,

Germany

Birthplace of mother,

Ireland

Place of interment,†

Clinton

*If a married woman or widow.

†Give the name of the burial ground.

Signature of Undertaker or other person

making the return.

J H Brown

No. 39

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct 5 - 1894.
2. Name,	Ellen Sophia Wood.
(Maiden Name),*	" " Newton
(Name of Husband),*	Morgan Woods.
3. Sex, and whether single, Married, or Widowed,	Widow.
4. Color,†	
5. Age,	62 Years, 10 Months, 10 Days.
6. { Disease or Cause of Death, (Primary and Secondary),‡ Duration of Sickness, .	
By whom certified, .	Dr. J. B. [unclear]
7. Residence,	Fayouille
8. Occupation,	
9. Place of Death, . . .	" Southboro
10. Place of Birth, . . .	Southboro
11. Name of Father, . . .	Russell Newton
12. Name of Mother, . . . (Maiden Name),	Ann Newton
13. Birthplace of Father, .	Southboro -
14. Birthplace of Mother, .	"
15. Place of Interment, .	"
Signature of Undertaker or other person making the Return,	Henry Newton
DATED at <u>Southboro</u> , on <u>Oct 5 -</u> 18 <u>94</u> .	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Ellen S. Wood

Age,

62 yrs 10 mo

Date and Place of Death,† -

died at

Southtown, Oct. 5,

1894.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of

Cancer of Breast

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Geo. W. Butterfield M.D.

Chilmark Mass.

Date of Certificate,

Oct. 7,

1894.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

UNDERTAKER'S RETURN TO THE BOARD OF HEALTH, MARLBOROUGH, MASS.

Date of Death, *October 7th 1894*

Name, *Rosetta Connors*

Maiden Name,* *—* Sex, *F*

Married, single or widow, *—* wife of *—*

Color, *W.* Age, { *1* years.
3 months.
7 days.

Residence, *Southboro*

Place of death, Street and No. *Fayville Road* Ward, *—*

Place of birth, *Providence* Occupation, *—*

Name of mother, *Mar Connors* Maiden name, *Mary M. Kelliger*

Name of father, *John Connors*

Birthplace of father, *Vermont*

Birthplace of mother, *Laurence*

Place of interment,† *Laurence*

*If a married woman or widow. †Give the name of the burial ground.

Signature of Undertaker or other person making the return. } *J. H. Brown* S.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Marlborough, Mass., *Oct. 8th 1894*

Name of Deceased, *Rosetta Connors*

Date and Place of Death, *Fayville, Oct. 7th '94*

Disease or Cause of Death, *Inanition* *duration of *6 mos*

I hereby certify that the above is true, to the best of my knowledge and belief.

Name and residence, *J. H. Brown M. D.*

*It is very desirable to be informed of the duration of the disease.

[SEE OTHER SIDE.]

No. _____

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, Oct 12 - 1884
2. Name, Joseph Bowles
- (Maiden Name),*
- (Name of Husband),*
3. Sex, and whether single, M.
Married, or Widowed, S
4. Color,† W
5. Age, 18 Years, 9 Months, 12 Days.
- (Disease or Cause of Death,
6. { Duration of Sickness,
- { By whom certified,
7. Residence, Southboro Mass
8. Occupation, Painter
9. Place of Death, Southboro Mass
10. Place of Birth, Roxbury Mass
11. Name of Father, James Bowles
12. Name of Mother, Ann Post
13. Birthplace of Father, Ireland
14. Birthplace of Mother, "
15. Place of Interment,

Signature of Undertaker
or other person making
the Return,

H. A. McGill
Marlboro Mass

DATED at _____, on Oct. 18 .

* If a Married Woman or Widow.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,*

Joseph Bowles

Age,

18

Date and Place of Death, -

died at

Southboro Mass Oct 12 1894

Disease or Cause of Death, -

of

Septicæmia Duration of Sickness one week

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Chas. H. Knight

Date of Certificate,

Oct 15

1894

*Or Sex of Infant (not named).

[Ed. — 10 M — Oct. 9, 1889.]

[May, 1888.]

No. 42

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct 19 - 1894
2. Name,	Anna L. Sommerman
(Maiden Name),*	Anna L. Pauliac
(Name of Husband),*	Henry Sommerman
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	
5. Age,	37 Years, 1 Months, 15 Days.
{ Disease or Cause of Death, (Primary and Secondary),†	Consumption of Lung
6. { Duration of Sickness, .	1 month 5 days
{ By whom certified, .	
7. Residence,	Southville, Scotland
8. Occupation,	Deputy Clerk
9. Place of Death, . . .	Southville
10. Place of Birth, . . .	" "
11. Name of Father, . .	B. F. Benrice
12. Name of Mother, . .	Susan B. Brown
(Maiden Name),	
13. Birthplace of Father, .	Hortonston, Mass
14. Birthplace of Mother, .	Southville " "
15. Place of Interment, .	Southville " "
Signature of Undertaker or other person making the Return,	W. R. Macfarland

DATED at Southville

, on

18 94

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.

PHYSICIAN'S CERTIFICATE.

Name of Deceased,* - - - *Clara S. Sommerman*
Date and Place of Death, - died at *South Trd; Oct. 19* 18*94*
Disease or Cause of Death, - of *Consumption* Duration of Sickness *18 mo*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician *Geo. W. Butterfield M.D. Ashland*
Mass Date of Certificate, *Oct. 19* 18*94*

* Or Sex of Infant (not named).

No.

43

Commonwealth of Massachusetts.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Nov, 3 / 1894
2. Name,	Charles H. Glover
(Maiden Name),*	
(Name of Husband),*	
3. Sex, and whether single,	Male
Married, or Widowed,	Married
4. Color,†	W
5. Age,	43 Years, 11 Months, 20 Days.
6. { Disease or Cause of Death, (Primary and Secondary),‡	
{ Duration of Sickness, .	
{ By whom certified, .	Dr. C. H. Robinson
7. Residence,	Southboro "Payville"
8. Occupation,	Clerk
9. Place of Death,	Southboro "Payville"
10. Place of Birth,	Hebron Me.
11. Name of Father,	Robert Glover
12. Name of Mother,	Miranda Marshall
(Maiden Name),	
13. Birthplace of Father,	Hebron Me.
14. Birthplace of Mother,	Paris Me.
15. Place of Interment,	Hebron Me.
Signature of Undertaker or other person making the Return,	C. L. Bridges

DATED at Southboro, on Nov 5 1894

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No. 445

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<u>Dec 14, 1894.</u>
2. Name,	<u>Charles Schofield</u>
(Maiden Name),* . . .	
(Name of Husband),* . . .	
3. Sex, and whether single, Married, or Widowed,	<u>Married</u>
4. Color,†	
5. Age,	<u>21 Years, 5 Months, 1 Days.</u>
(Disease or Cause of Death, (Primary and Secondary),‡	<u>Killed on Railroad</u>
6. Duration of Sickness, . . .	
(By whom certified, . . .	<u>Medical examiner (Dr Jewett)</u>
7. Residence,	<u>Southboro</u>
8. Occupation,	<u>Farmer</u>
9. Place of Death,	<u>Southboro</u>
10. Place of Birth,	<u>Nova Scotia</u>
11. Name of Father,	<u>Alanzo Schofield</u>
12. Name of Mother, (Maiden Name),	<u>Matilda</u>
13. Birthplace of Father, . . .	<u>Nova Scotia</u>
14. Birthplace of Mother, . . .	<u>Nova Scotia</u>
15. Place of Interment, . . .	<u>Southboro</u>
Signature of Undertaker or other person making the Return,	<u>Henry Newton</u>
DATED at <u>Southboro</u> , on <u>Dec 18</u> 18 <u>94</u>	

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 31 - 1894
2. Name,	Mary Elizabeth Hayden
(Maiden Name),*	" " Whitcomb
(Name of Husband),*	Francis W. Hayden
3. Sex, and whether single,	Female
Married, or Widowed,	Married
4. Color,†	W
5. Age,	66 Years, — Months, 24 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Bright's Disease
6. { Duration of Sickness, .	
{ By whom certified, .	Geo. W. Butterfield M.D. ^{Westland Mass}
7. Residence,	Southboro
8. Occupation,	Housewife
9. Place of Death,	Southboro
10. Place of Birth,	Southboro ^{Oxford N.H.}
11. Name of Father, . . .	David H. Whitcomb
12. Name of Mother, . . .	Ann Tainter
(Maiden Name),	
13. Birthplace of Father, .	Oxford - N.H.
14. Birthplace of Mother, .	" "
15. Place of Interment, .	Westboro
Signature of Undertaker or other person making the Return,	E. L. Wood

DATED at Southboro, on Jan 1 1895

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* *Charles Scofield* Age, *23*
Date and Place of Death, - *cordarius* died at *Southborough, Mass. Dec. 17th 1894.*
Disease or Cause of Death, - of *Killed on R. Road* Duration of Sickness *—*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *Henry A. Jewett M.D.*
Med. Examiner.
Date of Certificate, *Dec. 18th* 18 *94.*

*Or Sex of Infant (not named).

[May, 1888.]

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,* Mrs. Mary Elizabeth Hayden Age, 66 yrs.
Date and Place of Death,† - died at Southboro Dec 31 1894,
Disease or Cause of Death, - of Bright's Disease
(Primary and Secondary.)‡
Duration of Sickness, - - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Geo. M. Butterfield M.D.
Andover Mass. Date of Certificate, Jan. 2 1895.

* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. August, 1894. — 5,000.

No.

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death,	Dec. 31. 1894
2. Name,	Mary Elizabeth Hayden
(Maiden Name),*	Whitcomb
(Name of Husband),*	Francis W. Hayden
3. Sex, and whether single, Married, or Widowed,	Female m.
4. Color,†	
5. Age,	66 Years, — Months, 24 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Bright Disease
6. Duration of Sickness,	
(By whom certified,	G. W. Butterfield M.D.
7. Residence,	Southern
8. Occupation,	Housewife
9. Place of Death,	Southern
10. Place of Birth,	Oxford N.H.
11. Name of Father,	Leah A.
12. Name of Mother,	Ann. (Fairbank)
(Maiden Name),	
13. Birthplace of Father,	Oxford N.H.
14. Birthplace of Mother,	Oxford N.H.
15. Place of Interment,	Worcester
Signature of Undertaker or other person making the Return,	E. S. Moore

DATED at Southern, on Jan. 2 1895.

* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

Plate. Ed. Aug. 1894. — 5,000.